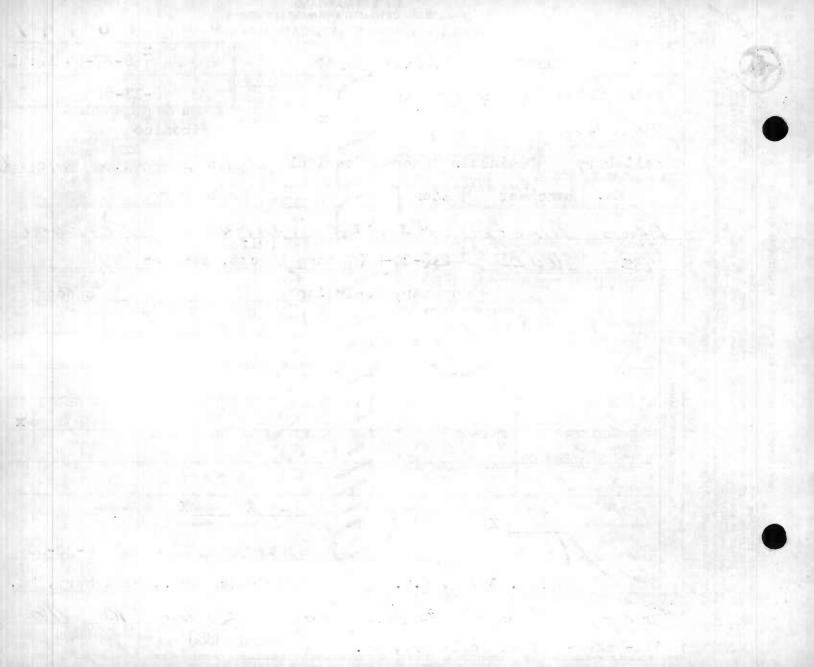
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME KNOWN DE (TYPE OR PRINT) 6-27-80 BOBBY BARNES ABBOTT DEATH MATED 4. RACE DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR 20. DATE MONTH YEAR LAST BIRTHDAY PRONOUNCED White Male 54 YRS 9 DEAD TO BIRTHPLACE (STATE OF b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Wicomico WIDOWED | DIVORCED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Salisbury Peninsula General Hospital USUAL RESIDENCE (IF IN NURSING HOME OROTHER INSTITUTION GIVE RESIDENCE BEFORE ADMIS
1136 COUNT 10 136. CITY OR TOWN INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13e. STREET ADDRESS Route 2 13d. INSIDE CITY LIMITS? Md. the Refrences Eden NO-V YES 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME MIDDLE MIDDLE AND OP 160. WAS DECEASED EVER IN U.S. ARMED FORCES 7. INFORMANT ADDRESS DIVISION 218-20-4847 West Anne Abbott, same as CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Coronary Occlusion sudden IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? OF BURIAL YES NO IX 꾦 DEPARTMENT 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 218 PLACE OF INJURY (ATHOME, 21d. INJURY OCCURRED 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN COUNTY WHILE AT WORK TO AT WORK Inspection X Inquiry X DIRECTOR: 220. I certify that I taak charge of the remains described above, held on Autapsy and in my apinian death resulted fram: Accident Hamicide Undetermined manner aral causes TITLE (SPECIFY) ACTUAL 6-30-80 TER DEATH, Deputy SIGNATURE MEDICAL EXAMINER ADDRESS 1109 Camden Ave. Salisbury. Earl M.D. AFTER Mover. (TYPE OR PRINT) 0 230 BURIAL, CREMATION, REMOVAL 236/DA 23c. NAME OF CEMETERY OR CREMATORY TOUR INC 250. DATE REC'D. BY REGISTRAR 25h REGISTRAR'S SIGNAZURE **DHMH-17** Hill-Baker-Bounds, Salisbury, (VR A15 ME (5)) 30M 7/73

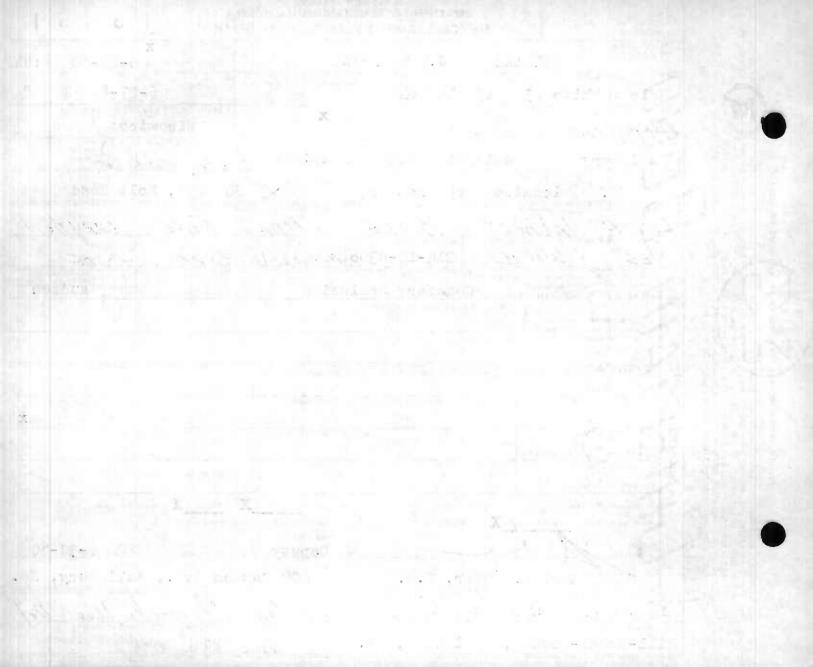


DIVISION OF VITAL RECORDS,

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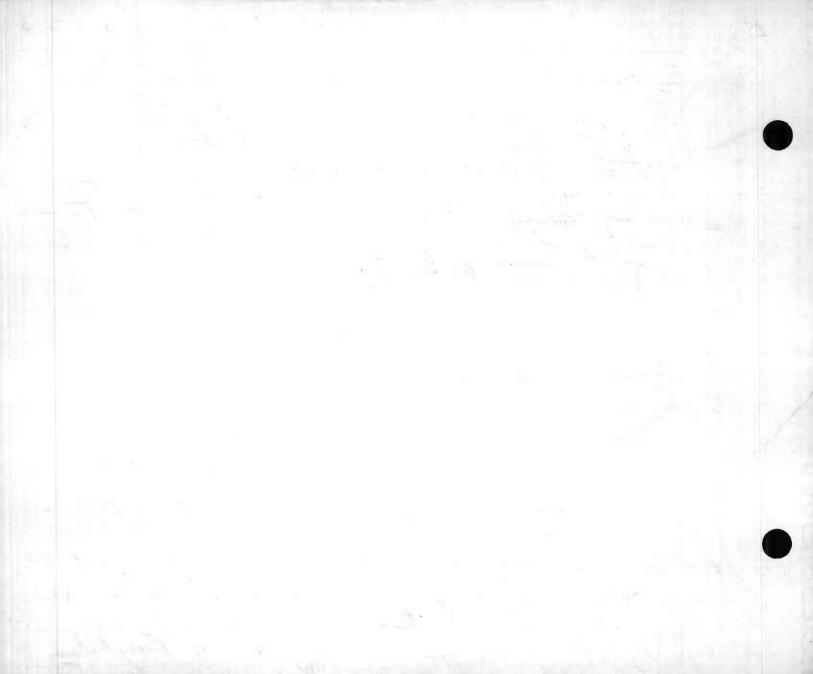
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1 - STA		DEPARTMENT OF	TE OF MARTLAND TEALTH AND MENTAL HYGH ER'S CERTIFICATE OF DI		451
II. DECEA (TYPE OR	ASED NAME FIRST WILL	LLIAM J.	BURKE	26. DATE KNOWN MONTH OF ESTI- DEATH MATED 6-2	27-80 8:44F
3 SEX Ma	ale White	S DATE OF BIRTH 3 15 16 6. AGE (IN YEAR LAST BIRTHD) 4 YEAR 4 YEAR			-80 19 2d. HOUR
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870 Sa	ortown of death	11. NAME OF HOSPITAL, NURSING HOME (JENOT IN SUCH FACILITY GIVE STREET ADDRESS) Peninsula Gener	al Hospital	SUAL OCCUPATION (TYPE OF WORK OF MOST OF WORKING LIFE)	12) KIND OF BUSINESS OR INDUSTRY
35 STAT	Md. Wice	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSING TY 131. CITY OR TOWN PARSONS DE	13d INSIDE CITY LIMITS? 13e S		Road
14. FATH	FIRST IN TAL	her Buck	15. MOTHER'S MAIDEN NA	KATE Q	Deyden
16a. WAS	S DECEASED EVER IN U.S. ARA O, OR UNKNOWN) (IF YES GIVE	AED FORCES? AND THE SECURITY 214-12-6		Bucker, S	SmE .
	Candifions, if any, which gave rise to immediate cause (a) stating the <u>underlying</u> cause last.	(b) DUE TO, OR AS A CONSEQUENCE (c) CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	DF DF		sudden
MEDICAL CERTIFICATION (CO.)	a. DATE OF OPERATION	196 CONDITION FOR WHICH OPER	ATION WAS PERFORMED?		20. AUTOPSY?
21 UN	EXTERNAL CAUSE WAS NDERLYING OR ONTRIBUTING CAUSE OF D	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR DEATH P.M. 19	21c. HOW INJURY OCCURRED (ENT	TER NATURE OF INJURY IN ITEM 18 PART 1 OR P.	YES NO NO ART 2)
WEDI W. A.	d. INJURY OCCURRED VHILE NOT WHILE T WORK AT WORK	21e. PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN CC	DUNTY STATE
AS SH	22s. I certify that I took charge	Ty	TITLE (SPECIFY) M.D. Deputy M	Inquiry A ond in my ond in	6-30-80
73a BURI	AL, CREMATION, REMOVAL 2:		METERY OR CREMATORY (23d	LOCATION COUNTRY COUNT	Wer, mil
24. FUNI Hil	eral director M-Baker-Bou	nds, Salisbury, 1	Id.	and the second second	SIGNATURE



1 Can	1 - STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 1 6 4 5 2													
(19)		CEASED NAME OR PRINT)			MIDDLE			LAST		20. D	ATE KNOW	/N F MO	NTH DAY	YEAR 26. HOUR
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1 1 1 1 C	FO	RTHPLACE (REIGN COUNTRY ELAWAI		16. CITIZEN OF WE	A.	TRY?	8. MARRI WIDOW		VER MARRIED DIVORCED	-0-1	Vicom		OUNTY OF DE	ATH MD.
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1201 F ANY D AND 3 RETAIN HOULD RECORD	USU A 13a. S	L RESIDENCE TATE De	13P CON	ROTHER INSTITUTION, GIVING STATES OF	13. CITY	OR TOWN	ON)	13d. INSIDE C	ITY LIMITS? 13	STREET A				
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DIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXEC RITING THE WORD "PENDING" RDED TO THE CHIEF MEDICAL E 3 SHOULD BE USED AS A BU E DEPARTMENT OF HEALTH ANI PRIOR TO BURIAL, CREMATION,	NOI	PART 2 OTHER S	IGNIFICANT CONDITIONS (CONTRIBUTING TO CEATH B	UT NOT RELA	TEO TO THE TERM	NAL OISEASE	OR CONDITIO	N GIVEN IN PART 1	(0).				
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DIVISION OF VITAL ER: THIS CERTIFICATE SHOU ATE, WRITING THE WORD FORWARDED TO THE CHIE R: PAGE 3 SHOUID BE USI E STATE DEPARTMENT OF E 27201 PRIOR TO BURBAL.	MEDI	21d. INJURY O WHILE AT WORK		21e. PLACE O STREET, FACT			211. LOC Rt.	neer	Delma	r	OR TOWN		COUNTY	De STATE
TO MEDICAL EXAMINER: TEXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 213		220. I cert death result ACTUAL SIGNATURE	1	e of the remains desc al coases ,	ribed aba Accident	_	Autops	Hamic	Inspection [ide	Undetermine		□. D/	ay apinian	-16-80
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DHMH - 17 (VR A15 ME (5)) 30M 7/73	24. FL	NERAL DIRE	TOR alliOli	am Massuneral H	ome;	rbelm.	ar,		JUN	1 9 1	980 25b.	RECORAL	R'S SIGNATUR	ready

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		IETTA	CECILIA		LARKSON	DEATH MATED	0 6-2	7-80	12:30
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	Female White		1880 100 YF		THOUSE THOUSE	DEAD	6-27-8		11
70 1	SIRTHPLACE (STATE OR OREIGN COUNTRY)	76. CITIZEN OF WH	IAT COUNTRY?	8. MARRI	IED NEVER MARRIE			OF DEATH	
M	aryland	USA			PED TO DIVORCE				M
00	CITY OR TOWN OF DEATH	11. NAME OF HOSE	PITAL, NURSING HOME	, OR OTH	ER INSTITUTION	12a. USUAL OCCUPATION FOR MOST OF WORKING LIFE)		2b. KIND OF BU OR INDUST	TRY
1	Salisbury		ney Ave.			clerk	Ra	ailway	Co.
	AL RESIDENCE (IF IN NURSING HOME STATE 1136, COUL	OR OTHER INSTITUTION, GIV	E RESIDENCE BEFORE ADMISSION 136. CITY OR TOWN	(MC	134 INSIDE CITY LIMITS?	3e STREET ADDRESS			
	Md. Wic	omico	Salisbur	У	YES NO	1217 Tane	y Ave	•	
14. 8	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN	NAME		LAST	
	Chapman B		arber		Mary			rrest	
16a.	WAS DECEASED EVER IN U.S. AF	MED FORCES?	166. SOCIAL SECURITY	Y NO.	17 INFORMANT	ADDR	same	e as l	3
	YES, NO, OR UNKNOWN) (IF YES, GIV				Mr. Frank	B. Clarks	on (so	on)	5
	18. CAUSE OF DEATH (Enter a	nly one cause per line	far (a), (b), and (c).)					APPROXIMAT BETWEEN ONSE	E INTERVAL
	PART I DEATH WAS CAUSE	TE CAUSE (a) PU	lmonary 1	Edem	a			minu	
	(DUE TO, OR AS A CONSEQUENCE OF								
	Conditions, if any, which gave rise to immediate	(b) Ac	cute Conge	esti	ve Heart	Failure		11	
	cause (a) stating the <u>under</u> lying cause last.	DUE TO, OR	AS A CONSEQUENCE	OF .					
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7	PART 2 OTHER SIGNIFICANT CONDITION	CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM	INAL OISEASE	OR CONDITION GIVEN IN PART	1 (a).			
CERTIFICATION	190. DATE OF OPERATION	Ties contra	ION FOR WHICH OPER	A TIONI VA	AC DEDECORMED?			Tozono	
2 5	174. DATE OF OFERATION	198. CONDII	ION FOR WHICH OPER	ATION W	AS PERFORMED?			20. AUTOPSY	
1 2	210 EXTERNAL CAUSE WAS	21b. TIME OF	INTERV	11. HC	OW IN HUBY OCCUPATE			YES 🗆	NO 🍱
	UNDERLYING OR CONTRIBUTING CAUSE OF		MONTH DAY YEAR	ZIC. FIC	OTT INJURY OCCURRED	ENTER NATURE OF INJURY IN ITEM	10 PART I OR PART	2)	
MEDICAL	CONTRIBUTING CAUSE OF		PF INJURY (AT HOME.	211.10	CATION				
MEG			ORY, FARM, ETC.)		TREET	CITY OR TOWN	COUP	NTY	STATE
	AT WORK AT WORK								
	22a. I certify that I taak char	ge of the remains desc	ribed abave, held an	Autops	sy , Inspection	X. Inquiry X,	and in my apir	nion	
	death resulted from: Natu	ral causes 💢,	Accident, Sui	icide .	, Hamicide	Undetermined manner],		
	ACTUAL 0	. /			TITLE (SPECIFY)				0.0
	SIGNATURE	1 2		м	Deputy	MEDICAL EXAMINER	DATE	6-20	-80
7	EXAMINER'S NAME TO M	8	24.5		100 0				
	(TYPE OR PRINT)		er, M.D.			mden Ave.,	Salis	sbury,	Md.
230.1	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CEA			23d. LOCATION	COUNT	IY S	TATE
	burial	7-1-80	Geo. Was	hing		Hyattsvill		-	Md.
24. 1	FUNERAL DIRECTOR	ADDRESS				C'D. BY REGISTRAR 256 P	DISTRAR'S R	URE	
	HOLLOWAY FUN	ERAL HOME	E. Salisb	urv.	Md. IIII	L 1980	17.		

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It 1-	FOR 22a G547 9/	DEPARTMENT	STATE OF MARYLAND OF HEALTH AND MENTAL HY MINER'S CERTIFICATE OF		6 ~
I. DI	ECEASED NAME FIRST	WIDDLE	LAST	20. DATE KNOWN DO MONTH	DAY YEAR TO HOW
(TY	PE OR PRINT)	GLAS A.	COFFIN	OF ESTI- 6-2	21-80 1:50
3. SE	X 4 RACE	5. DATE OF BIRTH 6 AGE	IN YEARS IF UNDER 1 YR. IF UNDER 24	HRS. 2c. DATE MONTH	DAY YEAR 2d. HOUF
M	ale White	3 16 54 26	YRS. HOURS A	PRONOUNCED 6-21-	-80 , 2:33
0.	BIRTHPLACE (STATE OR OREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED		
10 C	Salisbury	11 NAME OF HOSPITAL, NURSING H	IOME, OR OTHER INSTITUTION	20. USUAL OCCUPATION (TYPE OF WORK FOR MOST OPWORKING LIFE)	126 KIND OF BUSINESS OR INDUSTRY ONATION
USU		OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AD	(LACY 22) MC	3e STREET ADDRESS	
14. F	ATHER'S NAME	MIDDLE CLASS	15. MOTHER'S MAIDEN	NAME	LAST
	Stanley	A. Coffi		Whit	tby
16a. \	WAS DECEASED EVER IN U.S. AR	WAR OR DATES!		ADDRESS	19931
	yes 1971	-1972 216-64	-9321 Stanley A.	Coffin box 73 Be	ethel Del
	18. CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE	nly one cause per line far (o), (b), and (c)	.)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		TE CAUSE (a) Fractur	ed Cervical Spi	ne	sudden
1>	Canditions, if ony, which	DUE TO, OR AS A CONSEQUEN	NCE OF		TO THE WAY TO A
	gave rise to immediate	(b)			
	cause (a) stating the under lying couse last.	DUE TO, OR AS A CONSEQUEN	NCE OF		
	BART & OTHER CICHIFICANT CONDITIONS	(c)			
Z	TARE Z OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	E TERMINAL DISEASE OR CONDITION GIVEN IN PART T	(0),	
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ERT	210. EXTERNAL CAUSE WAS	216. TIME OF INJURY	21c. HOW INJURY OCCURRED	ENTER NATURE OF INJURY IN ITEM 18 PART TOR P.	
ALC	UNDERLYING OR CONTRIBUTING CAUSE OF	DEAT 1:50 P.M. 6-21-8	Driver of au	to, ran off ros	
MEDICAL	214 INTURY OCCUPPED	214 PLACE OF INTURY CATHOL	ME, 21f. LOCATION		
¥	WHILE NOT WHILE AT WORK	STREET, FACTORY, FARM, ETC.)	Ft. 64, 6 mi.	east of Delmar	ounty De.
1		of the remains described above, held			
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	death resulted from:	ral causes 🔲 , Accident 🔼 ,		Undetermined monner,	
	ACTUAL SIGNATURE	(6.	Deputy	MEDICAL EXAMINER SIGN	6-24-80
		Y	M.D.	_ MEDICAL EXAMINER SIGN	EU
		T DOVER M TO	ADDRESS 409 C	amden Ave., Sal	id churry Md
	(TYPE OR PRINT) Earl	L. Royer, M.D.	ADDRESS 407		rrspury, ma
23o.E	(TYPE OR PRINT) BURIAL, CREMATION, REMOVAL	23b. DATE 23c. NAME OF	F CEMETERY OR CREMATORY		INTO COLOR
230.8		23b. DATE 23c. NAME OF	F CEMETERY OR CREMATORY	23d LOCATION	INTO COLOR
24. F	BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL FUNERAL DIRECTOR	23b. DATE 23c. NAME OF	Protestant Com	23d LOCATION CITY OF OWN Bethel Sussex C'D. BY REGISTRAN 13th REGISTRANS	Delaware.

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RD. SALIS, MD.

STATE OF MARYLAND

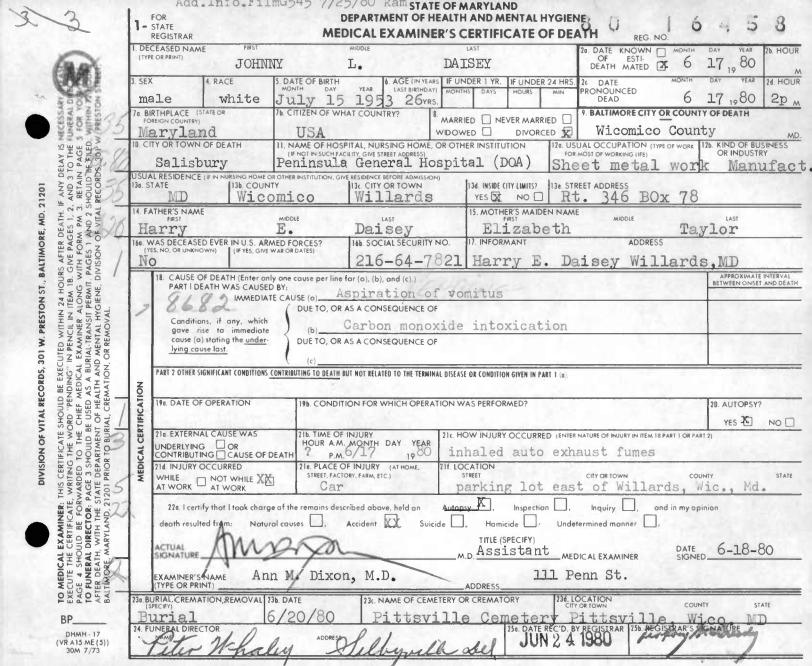
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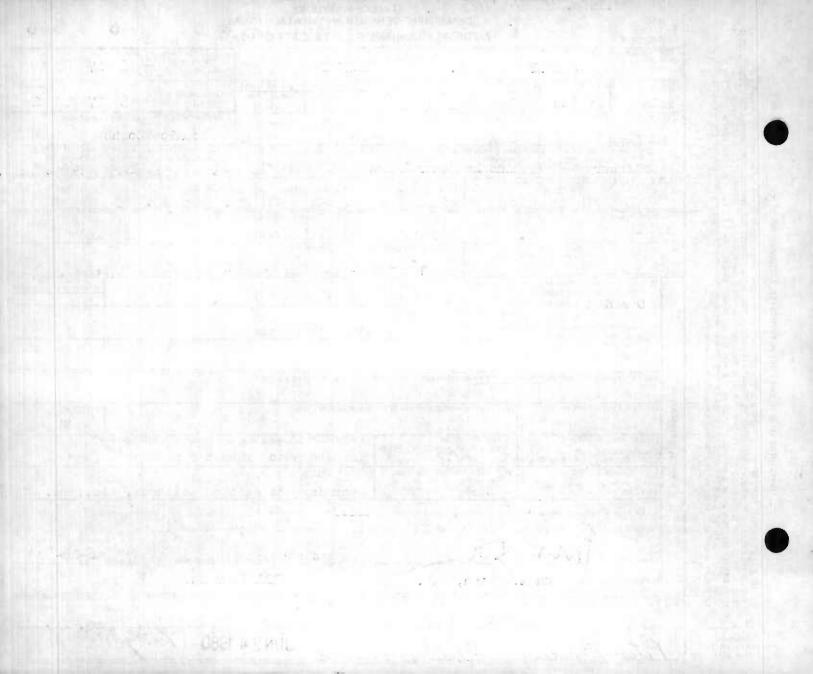
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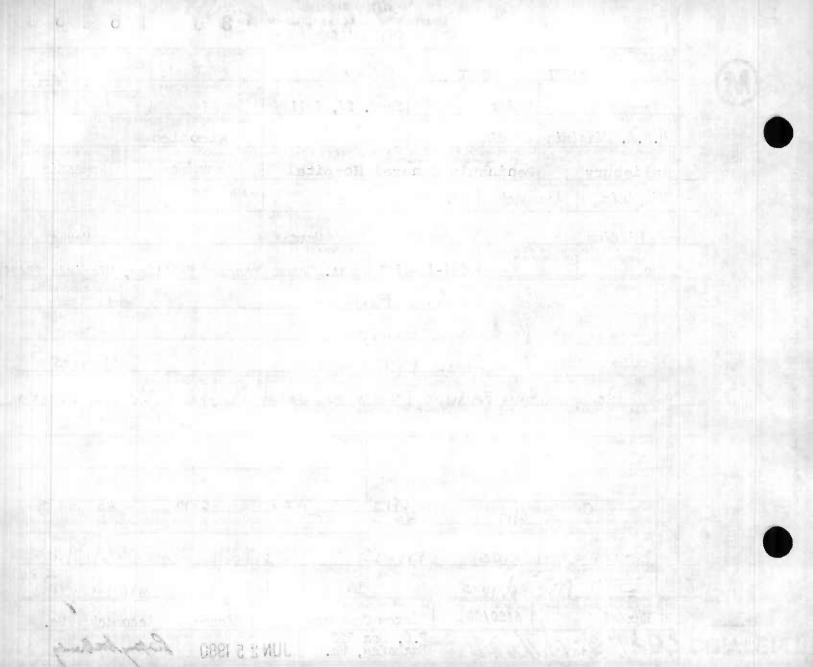
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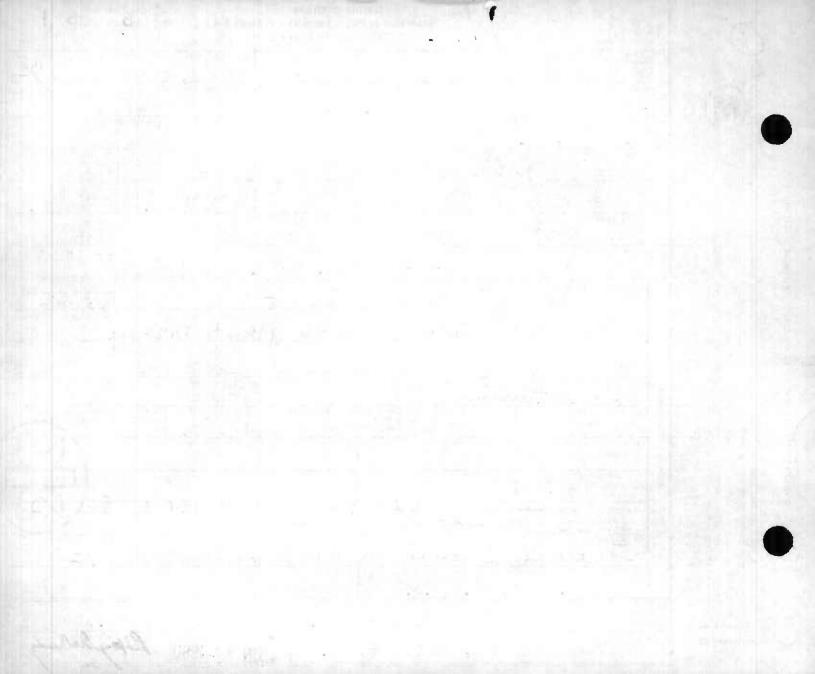




2	FOR STATE REGISTRAR	DEPARTMENT OF HE	ALTH AND MENTAL HYGIE R'S CERTIFICATE OF DE	A TOU U	6 4 5 9
	DECEASED NAME FIL	ST MIDDLE	SH TELL	26. DATE KNOWN MONTH OF ESTI- DEATH MATED 6	20 00 26 20
,	Female Whit	5. DATE OF BIRTH MONTH DAY 11/11/1914 6. AGE (IN YEARS 14ST BIRTHDAY) 6. YEARS 14ST BIRTHDAY) 7. YEARS 1. YEARS	IF UNDER 1 YR. IF UNDER 24 HRS	PRONOUNCED 6-22	2-80 19 2d HOUF
3	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	USA	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COU	MD
	Salisbury	11. NAME OF HOSPITAL, NURSING HOME, C (IF NOT IN SUCHFACILITY, GIVE STREET ADDRESS) DOA Peninsula Gen	FOI	SUAL OCCUPATION (TYPE OF WORK RMOST OF WORKING LIFE) Presser	or industry Laundry
130	Md. W	ome of other institution, give residence before admission, DUNTY COMICO SALISBURY	13d. INSIDE CITY LIMITS? 13e. ST YES NO 1	REEJ ADDRESS 05 Fairground	l Dr., Apt.l
	George	W. MIDDLE Hill LAST	Alice	T . I	Downes
160	No	214-10-92		. Dashiell	husband) same as 13
N.C.	Conditions, if any, y gave rise to imme cause (a) stating the u lying cause lost. PART 2 OTHER SIGNIFICANT COND	DIATE CAUSE (a) COPONARY U			BETWEEN ONSET AND DEATH SUCCES
CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERAT	ON WAS PERFORMED?		20. AUTOPSY?
MEDICALCER		OF DEATH P.M. 19 21e. PLACE OF INJURY (AT HOME.	21¢ HOW INJURY OCCURRED (ENTER 11f. LOCATION STREET		OUNTY STATE
2-	death resulted from: ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT)	Accident , Suicident L. Royer, M.D.	TITLE (SPECIFY) M.D. Deputy MEI ADDRESS 409 Cam	den Ave., Sa	6-23-80
В	BURIAL, CREMATION, REMOV (SPECIFY) Urial		Mem. Park S	alisbury - Wic	unty state Marylan
	FUNERAL DIRECTOR OLLOWAY FUN	ERAL HOME, Salisbury	256. DATE REC'D, B	1980	Millerdy

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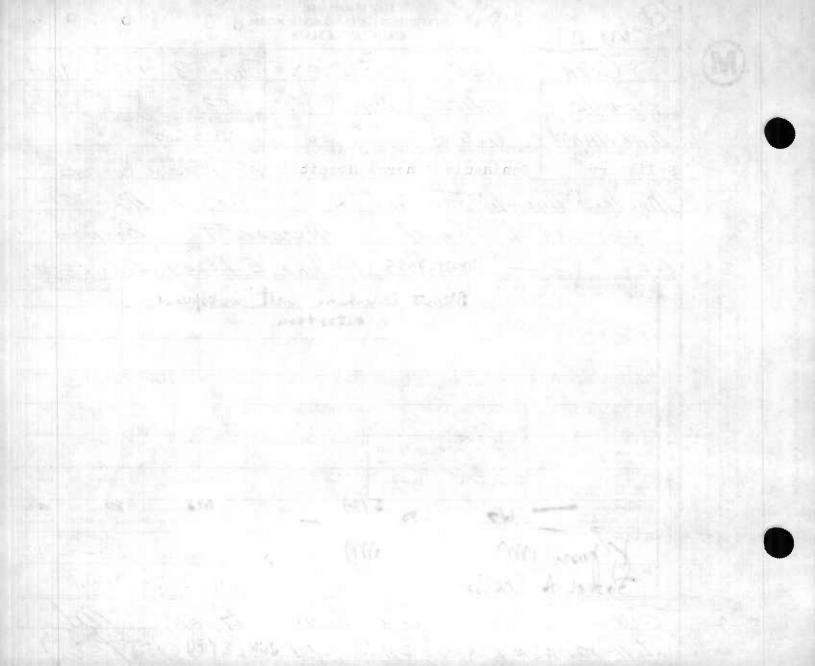




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HOLLOWAY FUNERAL HOME, Salisbury, Md.

FOR

24 FUNERAL DIRECTOR

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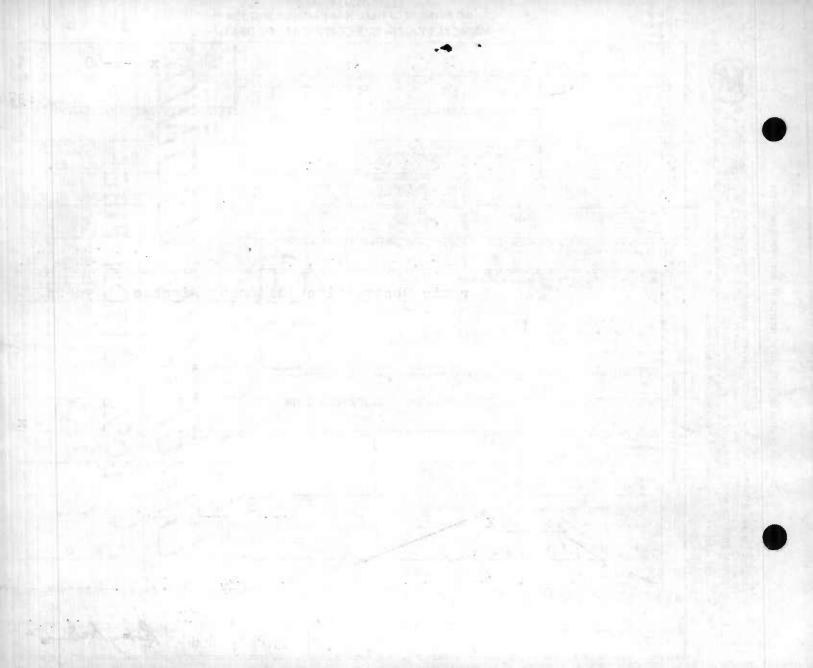
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO AGE IN YEARS LAST BIRTHDAY IF UNDER 1 YEAR HOURS AONTHS DAYS **BALTIMORE CITY OR COUNTY OF DEATH** 126. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Coal Operator Mining White Star Village Narchood (wife) Inez L. Fetterolf same as APPROXIMATE INTERVAL METWEEN ONSET AND DEATH HRS 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [YES [216 HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) (aur) apinion death occurred an the date and haur and from the causes stated 226 DATE SIGNED DIRECTOR PHYSICIAN Paxtonville Cem. Snyder Co., Pa.

250. DATE REC'D. BY REGISTAR 256. REGISTRAR'S STATE THRE

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7a [BIRTHPLACE FOREIGN COUNTR	(STATE OR Y)	76 CITIZEN OF WH		8 MARRI WIDOW	ED INEVER MARRIED		icom:	_	ITY OF DEATH	MD
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	STATE		r other institution, givi ty omico	Parsons		YES NO 1	STREET ADDRI	Box	182	, Fore	
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16a.	YES, NO, OR UNK	OF DEATH (Enter online)	WAR OR DATES)	16b. SOCIAL SECURIT	Y NO.	Chester T		ush,			13
7	gave couse lying o	rians, if any, which rise to immediate (o) stoting the <u>under-</u> ouse last.	(b) DUE TO, OR A	AS A CONSEQUENCE AS A CONSEQUENCE UT NOT RÉLATEO TO THE TERM	OF	E OR CONDITION GIVEN IN PART 1	(6).				
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2		Illed from: Notor	al couses X.	ribed above, held on Accident , Si		Homicide	N. Inquiry Undetermined m MEDICAL EXAM mden A	onner D	DATE SIGN	6-19	
	(SPECIEV)	urial	36. DATE 6-21-80	23c. NAME OF CE	METERY O	e Cometery	d. LOCATION CITY OF TOWN Pitt D. BY REGISTRA	svil	le,		Md.
	NAME	6	1 Home,	Bivalve,	Md.	JU	N 2 3 19	80	Teofs	my Doolh	rody

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al diii		IRTHPLACE (STATE OR FOREIGN 7	CITIZEN OF WHAT COUNTRY?	NEVER MARRIED		R COUNTY OF DEATH	
uner in 72		MARybard	1.5 A. WIDOWED	DIVORCED [Wicomi		N
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sica sica ers. val.		18 CAUSE OF DEATH (Enter only	one cause per line for (a), (b), and (c).)			APPROXI BETWEEN C	MATE INTERVAL
phy pap pap emo		PART I. DEATH WAS CAUSED	BY ON P	1. 0- 1	1 - 10	lu a	AND LAND
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the at move emati		gove rise to immediate cause (a), stating the		1			
that the py 1		underlying couse lost	DUE TO, OR AS A CONSEQUENCE OF				
equires signed n pleas burial injury,			(c)				
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s bee	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WA	S PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDIN	IGS USED
V: The last be permit. In the print in the p	Ē				VEC D NOD	IN CERTIFYING CAUSES	
	4 =	218. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY 216	HOW IN HIRV OCCUPA	YES NO	YES 🗆	NO 🗌
PHYSICIAN ng physician. this certifica urial-transit. Mental Hyg d or I tem 18		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY YEAR	HOW INJURY OCCURR	(ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 OR PART 2)	
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ATT of h		saw the deceased alive on	6/22/80 19 and that	in my opinion d	death occurred on the de	ate and hour and from the a	couses stated
hospin hospin DIRE hed fo Dept. o		276 SIGNATURE	DEGREE			22c. DATE S	
AL OR AT the hospital AL DIRECT trached for ute Dept. of IT: If Item 2		13/15/	DEGR	ATTENDING _	MEDICAL _ STAF		SIGNED
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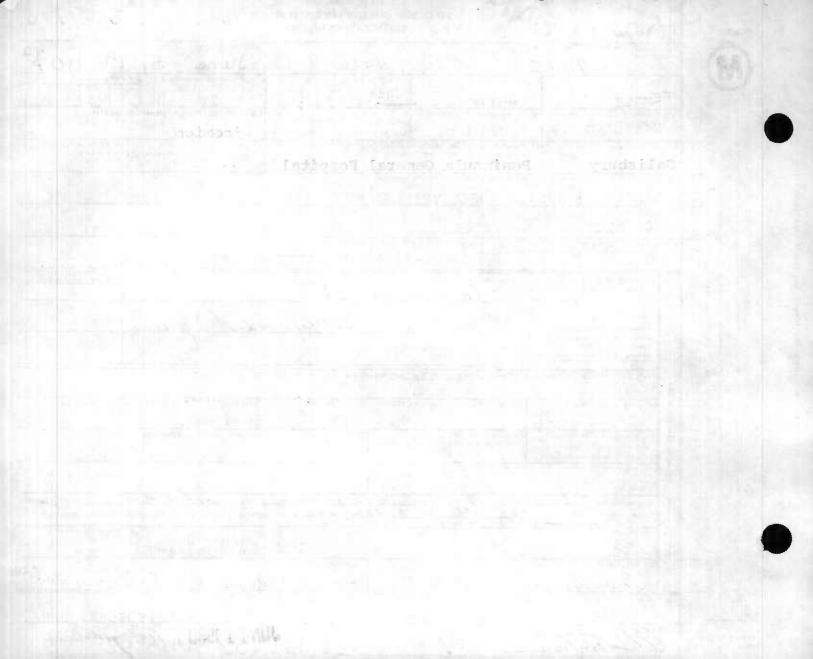
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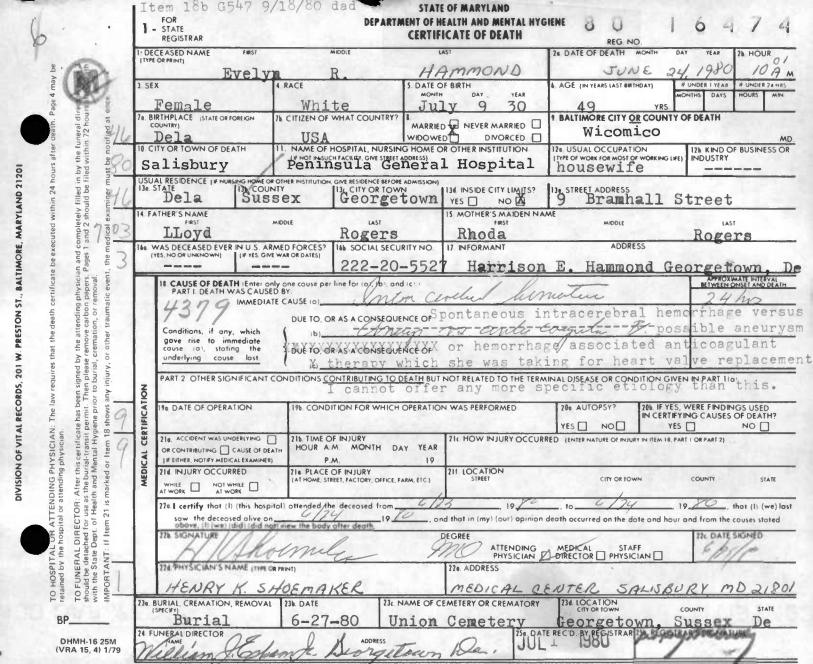
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that the death certifue by the attending physe remove carbon pape cremov, cremation, or remover or other traumatic events.		PART I. DEATH WAS CAUS	DUE TO, OR AS A CONSECTION OF TO, OR AS A CO	DUENCE OF SINGERIA	myoe	redial dip	wition .	PROXIMATE INTERVAL FEEN ONSET AND DEAT
taw requires been signed t. Then pleas rrior to burial rs any injury,	CERTIFICATION	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO			MINAL DISEASE OR CON	20b. IF YES, WERE FIR	NDINGS USED
cian. ificate has brossit permit. Hygiene prim 18 shows	RTIFIC	21g. ACCIDENT WAS UNDERLYING	216, TIME OF INJURY		OW IN LIVERY OF COLUM	YES NO	IN CERTIFYING CAU	NO 🗆
	l ö	# 7 In ACCIDENT WAS UNDERLYING I	I I I I I I I I I I I I I I I I I I I	1 4 14 17	OW INJURY OCCU			
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ING PHYSIC ending physic frer this cert he burial-tra and Mental arked or Iter	MEDICAL	OR CONTRIBUTING CAUSE OF DE	EATH HOUR A.M. MONTH	DAY YEAR	OCATION STREET	CITY OR TOW		
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hospital or attending hospital or attending DIRECTOR: After the hed for use as the burdet, of Health and Noet. of Health and Noet.		OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINES 21d. INJURY OCCURRED WHILE AT WORK AT WORK 220. 1 certify that 1) thus has sow the deceased alive or above. (I) (we) (did) (did	HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE putal) oftended the deceased from the potal view the body after death.	DAY YEAR 19 211 LC ce, FARM, ETC] 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	DOCATION STREET 19 in (my) (awe) opinion ATTENDING PHYSICIAN	CITY OR TOY	YN COUNTY 19 ote and hour and from 224. D	STATE, tho (1)(wer) lo
OSPITATION ATTENDING P ted by the hospital or attending UNERAL DIRECTOR: After the dibe detached for use as the bu- the State Dept. of Health and N RTANT: If Item 21 is marked		OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINES 21d. IN JURY OCCURRED OF THE CONTRIBUTION	P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE pulpi) oftended the deceased from (In 19) view the body after death.	DAY YEAR 19 211 LC ce, FARM, ETC] 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	DOCATION STREET 19	city or tow	county 19 ote and hour and from 22c. D	state , tho (1) (web) the couses stoted DATE SIGNED
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STATE OF WAKTLAND

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		DECEASED NAME FIRST	MIDDLE	LAST		MONTH DAY YEAR 25 HOUR
75		Walter	James	Hill	June	21 1980 300,
1 MIN	3	SEX	4 RACE	5. DATE OF BIRTH	6. AGE JIN YEARS LAST BIRT	MONTHS DAYS HOURS MIN
1		Male	White	7/5/1914	65	YRS
72 hou	5 71	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUNT	MARRIED NEVER MARRIED WIDOWED DIVORCED	Wicomi	COUNTY OF DEATH
ed within	10	CITY OR TOWN OF DEATH Salisbury	11. NAME OF HOSPITAL, NU	RSING HOME OF OTHER INSTITUTION	12R USUAL OCCUPATI ITYPE OF WORK FOR MOST OF Employee	
uld be fill	Ü	SUAL RESIDENCE (IF NURSING HOA STATE Maryland Wi	EOR OTHER INSTITUTION, GIVE RESIDENCE POUNTY IL CITY OR TO	FORE ADMISSION 134 INSIDE CITY LIMITS?	Pemberton	Manor
sho z	_	FATHER'S NAME FIRST Hyland	MIDDLE LAST Hill	15 MOTHER'S MAIDEN N FIRST Lula	NIDDLE MIDDLE	Figgs
pers. Pages 1 and oval.	11	WAS DECEASED EVER IN U.S.	ARMED FORCES? 16h SOCIAL S	SECURITY NO 17 INFORMANT (da		U22 Pemberton Ma Salisbury, Md.
mart. Then please remove the prior to burial, cremation to burial, cremations any injury, or other		Conditions, if ony, which gove rise to immediate couse to immediate couse to stating the underlying cause loss. PART 2 OTHER SIGNIFICA 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING		OUENCE OF TO DEATH BUT NOT RELATED TO THE TEI HICH OPERATION WAS PERFORMED	RMINAL DISEASE OR CON	DITION GIVEN IN PART 1(0) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
permit. liene prii 3 shows	1				YES NO	YES NO
rial-transit parties of Item 18			DEATH HOUR A.M. MONTH		JRRED JENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PART 2)
the burner hand N		OR CONTRIBUTING CAUSE OF LIFE EITHER, NOTIFY MEDICAL EXAM 214. INJURY OCCURED WHILE NOT WHILE AT WORK	21R PLACE OF INJURY LAT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TO	WN COUNTY STATE
of Heal	4	sow the deceased alive	on May least the deceased from May least view the body ofter death.	64.	on death occurred on the d	ote and hour and from the causes stated 22c. DATE \$IGNED
should be detached for with the State Dept. of IMPORTANT: If Item		224 PHYSICIAN'S NAME (T	19 Wenud	MD. ATTENDING PHYSICIAN		FF _ //21/21
hould by		RODNEY	(A. WENRIC			SBURY Md. 2180
w > =	2	BURIAL, CREMATION, REMO		THE NAME OF CEMETERY OR CREMATOR	CITY OR TOWN	COUNTY STATE
	1	Burial	6/24/80	licomico Memorial		
DHMH-16 25M VRA 15, 4) 1/79	2	FUNERAL DIRECTOR HOLLOWAY FU	NERAL HOME,	Salisbury, Md.	N 2 4 1980	25b. REGISTRAR'S SIGNATURE frifry McCheoly

Indiana Innan ii akam waw

eesth.
TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the retained by the hospital or attending physician.
HYSICIAN: The law requiphysician.
TO HOSPITAL OH ATTENDING PHYSICIAN retained by the hospital or attending physician.

	1	FOR - STATE REGISTRAR			DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	HENE 8 U	NO.	6 4	7 6
		ECEASED NAME E OR PRINTI	FIRST THERE		P.	HOLLA	AND	2e. DATE OF DEATH	MONTH 6	DAY YEAR 7 80	25 HOUR 2;20 A M
ncë.	3 SI	FEMALE		RACE WHI	TE	5. DATE C		6 AGE (IN YEARS LAST BE	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN
neral dir 72 hour	70.6	SIRTHPLACE (STATE ORFI COUNTRY) Maryland		U.S.	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED D	BALTIMORE CITY WIC	OR COUNT	Y OF DEATH	MD
by the funeralled within 72 lest be notified		ALISBURY		(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET RY NURSI	ADDRESS)	OR OTHER INSTITUTION	128 USUAL OCCUPA (TYPE OF WORK FOR MOST STENOGRAP	OF WORKING E	ize KIND OF INDUSTRY Cleri	F BUSINESS OR
ly filled in rould be fil	130	JAL RESIDENCE IF NURS STATE MD	13h COUNTY WICO	TY	GIVE RESIDENCE BEFOR	VN	134 INSIDE CITY LIMITS? YES 🖾 NO 🗌	13e STREET ADDRESS 215 NEWTO		EET	
mpletely ind 2 sho	14. F	ATHER'S NAME First Nelson		E	Poley	ette	15 MOTHER'S MAIDEN NA	WIDDLE			reen
Pages 1 a	160	WAS DECEASED EVER (YES, NO OR UNKNOWN)		WAR OR DATES)	217-03		17 INFORMANT Constance M.	Humphreys	Salis	oblolly bury, Mo	Lane d. 2180:
signed by the attendi ten please remove carb to burial, cremation, o y injury, or other traur	Z	Conditions, if ony gave rise to imm cause 101, statir underlying cause	mediote ng the last	(b)	R AS A CONSEOU	ENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR COI	NDITION GF	VEN IN PART TIO	1
ate has beer permit. The glene prior 8 shows an	CERTIFICATION	190 DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTI	ES, WERE FINDIN	GS USED OF DEATH?
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for use a for use a of Heali em 21 is		27s I certify ther saw the deposit	ed alive on	6/	6 10	(6) (0)	d that in (my) (our) apinian	deoth occurred on the	date and ha		hat (1) (we) lost auses stated
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TO FUN should b with the IMPORT	230.	BURIAL, CREMATION,		dsley,		NAME OF C	Rt. 50 & Civ	23d LOCATION	alisbu		21801
3P		Buria UNERAL DIRECTOR		6/9/	/_		eld Cemetery	Crisfi E REC'D. BY REGISTRAL		Somerset	Md.
DHMH-16 25M VRA 15, 4) 1/79		Bradshaw &	Sone	Cri	sfield.	Md.		JUN 1 2 198		LAFTY /	

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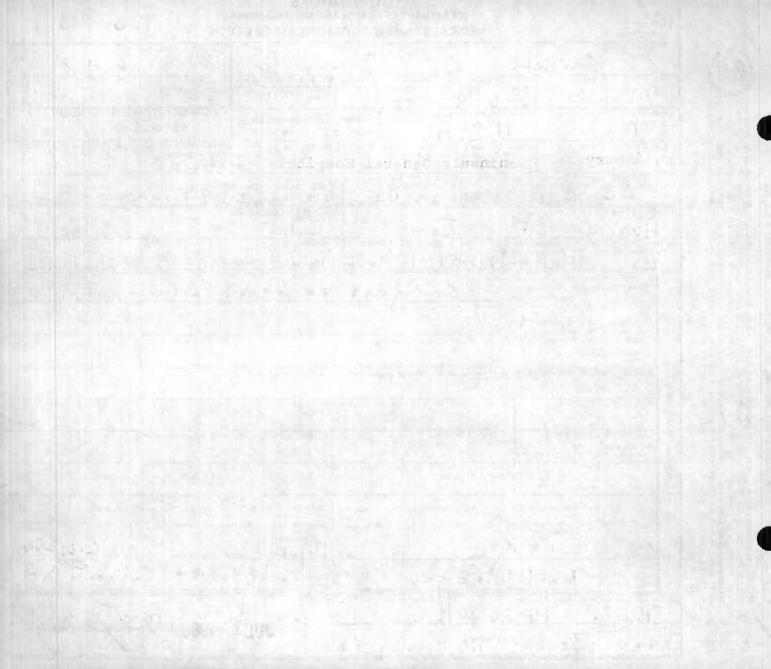
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5			1.	FOR STATE	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	GIENE 8	16479
~			1. DE	REGISTRAR CEASED NAME FIRST	WIDDLE	CERTIFICATE OF DEATH	REG. N	MONTH DAY YEAR 26. HOUR
	1/1/2		TYPE	OR PRINT) Belv	KENNY	HAYMAN	June 25,	1980 7:15 P
	1141		3. SE:	FEMALE	4 RACE WHITE	5. DATE OF BIRTH MONTH DAY YEAR 17 - 190	6. AGE (IN YEARS LAST BIRT	HDAY IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
	orth Po- erol dir 172 Nov	47	7a. BI	RTHPLACE (STATE OR FOREIGN TRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	Wicomic	
6	by the function of motivities or			TY OR TOWN OF DEATH alisbury	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATI	ON 126. KIND OF BUSINESS OR INDOSTRY WALK ONFECTIONS
MARYLAND 2120	filled in auld be must be		USU. 13a. S	AL RESIDENCE IF NURSING HOME OR 1 13b COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORTOV	BUCCO YES DE NO [13e STREET ADDRESS	Smith St.
MARYL	ampletely ond 2 sh examiner	221		JOHN	MIDDLE KENNY	15 MOTHER'S MAIDEN N	IE MIDDLE	ETLIS
BALTIMORE,	be execu	1	16a V	PAS DECEATED EVER IN U.S. AR. ES, NO OR UN NOWN) I IF YES, GIVE	MED FORCES? 166 SOCIAL SEC WAR OR DATES) 2/7-/0	-24/3 LRIS	Coolson,	Baltimies My
201 W. PRESTON ST.,	luires that the death certificate signed by the attending physical properties temove carbon paper oburial, cremation, or removal. jury, at other traumatic event, the			Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost:	DUE TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSEQUENCE OF THE CONSEQUENCE OF T	ence of	excular dise	APPROXIMATE INTERVAL BETWEEN OMST AND DEATH YOU'S DITION GIVEN IN PART 1101
DIVISION OF VITAL RECORDS,	no. hos been a permit Th and prior to	9	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTÓPSÝ?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
OF VITA	IYSICIAN: The ding physicio is certificate h buriol-tronsit Mental Hygie		CAL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	THE OF INJURY HOUR A.M. MONTH D	AY YEAR	RRED (ENTER NATURE OF INJUI	
IVISION	OING PHYS or attending After this e os the bu		MEDI	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	PARM, ETC.) 211 LOCATION STREET	CITY OR TOV	VN COUNTY STATE
	Spital Spital CTOR: of Her us			220.1 certify that (1) this hospit saw the deceased alive on above, (1) we) (4)d) (did no	tal) attended the deceased fram.	and that in (my) (ou) opinio	n death occurred an the do	te and hour and from the causes stated
				226. SIGNATURE	J. Awa	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	FIAN A PS/AS
	TO HOSPITAL (retoined by the TO FUNERAL Is should be detoined by the Stote Etherone)	1			J. Hwang, M.D.	Deer's Head		isbury, Md. 21801
	BP		1	PURING REMATION, REMOVAL	23b. DATE 23c.	NAME OF CEMETERY OF CREMATORY	CITY OF THIN	w, Wies, Mel
	DHMH - 16 50M 7/77 (VR A 15 (4))		24 FI	NAME BAKER -	Bounds St	lisbury Md. 250. D.	TON 3 0 1980°	256 RECISTRARIS AND UNI

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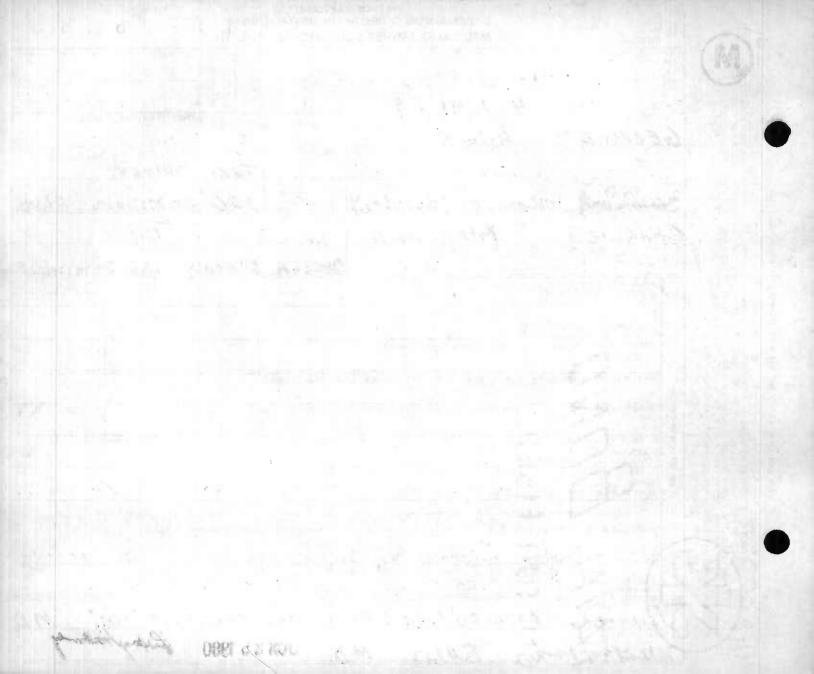
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		1	STATE OF MARYLAND	
400		11.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	33 1
-		1'	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	, 0 ,
5		I DE	ECEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN MONTH DA	AY YEAR 26. HOUR
	(00)	(TY	YPE OR PRINT)	1 1980 10:34
1	化数线 主			
1	PEREF	3 SE	The state of the s	AY YEAR 24 HOUL
100	20002		M B G-G-19 G GY YRS MONTHS DAYS HOURS MIN PRONOUNCED 6 21	1980 10:34
	CESSAR CESSAR COR YO VITHIN 7	70 B	BIRTHPLACE (STATE OR 75 CITIZEN OF WHAT COUNTRY? 18 9 BALLIMORE CITY OR COUNTY O	E DEATH
	LECESS UNERA FOR WITHII	F	MARRIED W NEVER MARRIED	
	A522200		toci	ME
	AY IS N AGE 5 FILED, 301 W			KIND OF BUSINESS OR INDUSTRY
		S	alisbury Peninsula General Hospital	OK WOOSIKI
	00400	USU.		
5	ANY	13a. S	STATE D.C 130 COUNTY 130 CITY OR TOWN 130 CIT	20
21201	SHO SHO		DIC YES NO 2319 SYANCH	~ 2,5,
MD.	I NA	14. F	FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE	LAST
	DEATH AND 2		Hzariah F. Jones Julia Si	10.5
BALTIMORE,	B. GIVE PAGES WITH FORM P T. PAGES 1 AND DIVISION OF	16a. '	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	100
¥.	FA STON	6	(NES/NO, OR UNKNOWN) 1 (IF YES, GIVE WAR OR DATES)	n or
ALT	URS AP WITH WITH PAGE DIVISIO		Yes Feb 1941-1942/579-18-9632 Mary F. Jones 2319 Branch	- Hre, Dit,
			18. CAUSE OF DEATH (Enter anly one cause per line for (g), (b), and (c),	APPROXIMATE INTERVAL
IST	HIN 24 HOU IN ITEM 18 R ALONG SIT PERMIT. HYGIENE, D		PARTIDEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Longesture Heart Failure	144 0
PRESTON			(DUE TO, OR AS A CONSEQUENCE OF	M. James
EST	WITHIN WINER A MINER A TRANSIT NTAL HY		Conditions, if any, which	
	DTED WITH N PENCIL II EXAMINER HAL-TRANS MENTAL II OR REMOV		gave rise to immediate (b)	
` ₹	PEN V		cause (a) stating the <u>under-lying cause last.</u> DUE TO, OR AS A CONSEQUENCE OF	
301	UULD BE EXECUTED WITHIN "PENDING" IN PENCIL IN INFE MEDICAL EXAMINER A SED AS A BURIAL-TRANSIT HEALTH AND MENTAL HY CREMATION, OR REMOVAL		(c)	
	EXECTED IN THE PROPERTY OF THE		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
280	MEDIO MEDIO AS A ALTH MATIC	Z		
OF VITAL RECORDS,	PENDING PENDIN	MEDICAL CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	
7	SHOULD ORD "PEI CHIEF A E USED I OF HEA IAI, CRE	2	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	0 AUTOPSY?
=	WORD WORD HE CHIE	1		YES O NO P
7	ICATE HE WOOD THE WOO	1 8	21a EXTERNAL CAUSE WAS 21b TIME OF INJURY 21t, HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	
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NOISINI	ERTING THE	18	CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (ATHOME. 21f. LOCATION	
≥	CERTING ITING DED 1 DEPA PRIOR	X.	WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY	STATE
۵	WR WR AAGE ATE	1	WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY	
	INER: THIS CERTIFICATE SHOU ICATE, WRITING THE WORD " F. FORWARDED TO THE CHIE TOR: PAGE 3 SHOULD BE USE THE STATE DEPARTMENT OF H ND, 21201 PRIOR TO BURRIAL, C			
	E CERTIFICATE COULD BE FOR H, WITH THE 9 MARYLAND, 2			
	LA THE		death resulted fram: Natural causes Accident, Suicide, Hamicide Undetermined manner	
	EXAMI CERTIFIC ILD BE DIRECT WITH ARYLAN		TITAE (SPECIFY)	1. 0.
	CAL EXAMINER THE CERTIFICATI SHOULD BE FOR RAL DIRECTOR: EATH, WITH THE RE, MARYLAND, 2		ACTUAL SIGNATURE M.D. DETAIL MEDICAL EXAMINER SIGNED	a-12-80
	SETE		1110	- W. O
	MEDIC. CCUTE TI SE 4 SI FUNER FUNER TIMORE		EXAMINER'S NAME LavI L, Koger Golden Salishi	-14 EN 6
	TO MEDICAL EXECUTE THE CASE 4 SHOUNTO FUNERAL DATER DEATH, BATTIMORE, MA	220 5		
	F M G F 4 8	230.6		STATE
	BP	_	Burial 6-26-80 Lincoln Mem, Com. Buitland Prince Go	erige Irid.
	DHMH - 17	-	PUNERAL DIRECTOR 1256. DATE TELD. BY REGISTRATES	Kronghanong
	(VR A15 ME (5)) 15M 7/77	1	Ohnsond Jenkins Mr. Kennedy St. N.W.	1
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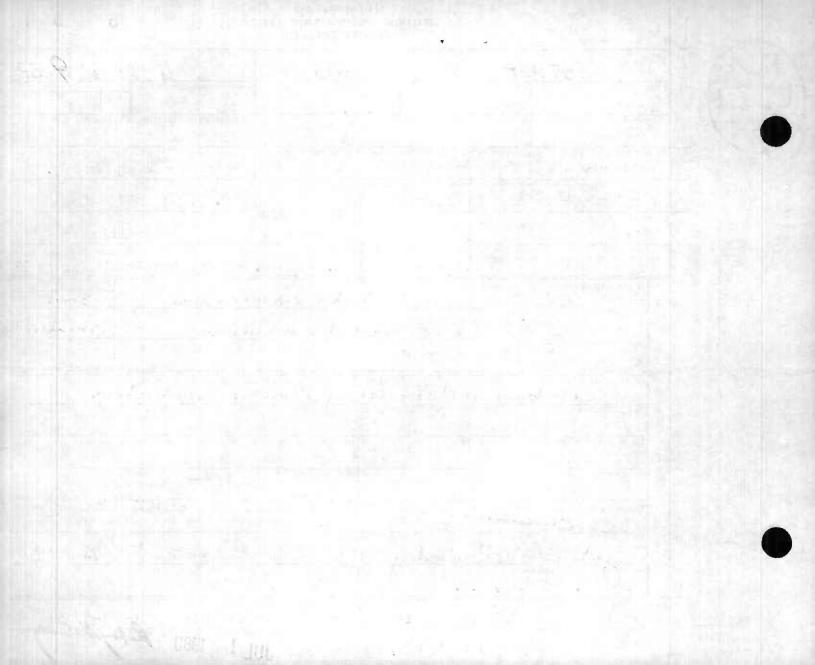
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BODDY James Sirk Land Gentleman James Sirk Land Gentleman Gentlema	YEAR Zb. H
18. CAUSE OF DEATH (Enter only one couse per line far (o), (b), ond (c).	19 80 YEAR 2d F
USUAL RESIDENCE LIFE IN NUMBERS MANDOW OR OTHER INSTITUTION, GIVE RESOURCE BEFORE ADMISSION) 13a. STATE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART 1 DEATH WAS CAUSE DY: IMMEDIATE CAUSE (o) IMMEDIATE CAUSE (o) IMMEDIATE CAUSE (o) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (e). 15a. EXTERNAL CAUSE WAS INDURED TO THE PART 1 OF PART 1 (a). INDURED TO THE PART 1 OF PART 1 (a). IMMEDIATE CAUSE (O) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 15a. EXTERNAL CAUSE WAS INDURED TO, OR AS A CONSEQUENCE OF (c) 15b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 16c. WAS DECEASED EVER IN U.S. ARMED FORCES? (BY VES., ON, OR UNKNOWN) 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS OPERATOR APPROXIMATE APPR	DEATH ,
18 CAUSE OF DEATH (Enter only one couse per line far (a), (b), ond (c).) PART I DEATH WAS CAUSED BY: Gunshot Wounds of head Conditions/ if any, which gave rise to immediate couse (a) stoting the underlying couse last. Conditions/ if any, which gave rise to immediate couse (a) stoting the underlying couse last. Color of the Examination of the	BLV
Some contributing Cause of Death 20. Autop 196. External cause was 216. Time of injury Hour a.m. Month day year 216. How injury occurred (enternature of injury in item 18 part 1 or part 2) 10. Street, Factory, Farm, Esc.) 210. Continus	PPROXIMATE INTER VEEN ONSET AND I
YES 1 216. EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 2 MONTH DAY YEAR 216. INJURY OCCURRED 216. PLACE OF INJURY (ATHOME. STREET, FACTORY, PARM, ETC.) WHILE NOT WHILE STREET COLORY, PARM, ETC.)	NUTOPSY?
21d. INJURY OCCURRED 21e. PLACE OF INJURY (ATHOME. 21l. LOCATION STREET, FACTORY, FARM, ETC.) STREET (ATTORY, FARM, ETC.) STREET (ATTORY, FARM, ETC.) NOT WHILE VALUE (ATHOME.) STREET (ATTORY, FARM, ETC.) NOT OF COUNTY Mission of Co	YES TO NO
22a. I certify that I took charge of the remains described above, held on Autopsy (Inspection), Inquiry, and in my opinion death resulted from: Notural causes (Inspection), Suicide (Inspection), Undetermined manner (Inspection), Undetermined ma	mico, M
ACTUAL SIGNATURE Urgune Zoolan / M.D. Assistant MEDICAL EXAMINER SIGNED 6/1 EXAMINER'S NAME Virginia L. Dolan, M.D. ADDRESS 111 Penn St. Balto., MD.	6/19/80



(VR A 15 (4))

STATE OF MARYLAND



				E OF MARYLAND			13
	1.	FOR STATE REGISTRAR		HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO	16	, 8 3
g g g		CEASED NAME FIRST	MIDDLE LO	CKHART		1980	26 HOUS 5-
age 4 ma	3 SE	MALE	NEUTRO S DATE (MONTH)		AGE IN YEARS LAST BIRTH	MONTHS DAYS	
uneral in 72 h	S	O. CAKOLINA	U. S. H WIDOW		BALTIMORE CITY OF WICOMICO		MD.
by the fled with	Sa	alisbury	. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Peninsula General	l Hospital	12e USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF		OF BUSINESS OR
thin 24 ho y filled in ould be fi	13e,	STATE MD 136 COUNTY	HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	YES NO NO	130 STREET ADDRESS	ane Y An	FRUITLA.
xecuted wi		MESSES MO	LOCKHART	15 MOTHER'S MAIDEN NAM	ADDRES	Grok	Dan
ian and can and can are, the m		NAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) (IF YES, GIVE WA		ETHEL SUT	HON Po.	BX86 BL	ACKS BUY
aw requires that the death certificen signed by the attending phy. Then please remove carbon pap. or to burial, cremation, or remo, any injury, or other traumatic e	NO	Conditions, if ony, which gove rise to immediate couse (0), stoling the underlying couse lost. PART 2 OTHER SIGNIFICANT COM		NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN PART I	(0)
s b priit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES	INGS USED S OF DEATH?
IYSICI, physicii s certifi al-trans ental H or Item	MEDICAL CE	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21h. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19		RED (ENTER NATURE OF INJURY	IN ITEM 18, PART I OR PART 2)	
After 1 S the but the and the	MED	214. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	N COUNTY	STATE
RECT d for of tem 2		220 I certify that (1) (this hospital) saw the deceosed alive on obove. (1) (we) (did) (did nat) v 22b. SIGNATURE Weller M. Buld	iew the body after death.	nd that in (my/lour) opinion of DEGREE ATTENDING PHYSICIAN [deoth occurred on the date	22c DAT	that (I) (we) fast e couses stated E SIGNED
TO HOSPITAL Cetained by the human tro FUNERAL DI should be detached with the State De IMPORTANT: If		121 PHYSICIAN'S NAME (TYPE ORPR Helen M. Bal	dado	547 FRIVE	side Dr.	Salisbur	y ms
BP		Piuril	236. DATE 23c NAME OF C	IEW CEMET	23d. LOCATION	Clevela	HU) MAI
DHMH-16 25M (VRA 15, 4) 1/79	1	NAME TO THE	& Salis.	ml. Jul	1 1 9 1980	Frey	Davidy

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Laryland Somerset Uper Princount 1.0x 174

Lack T. Lowe Plots old Hem. 13

Lowe Somerse 15-26-0562 Larie Lowe, Item 13

urial July 4,100. Clarks urg -etn. Jarksbur, ort., .d.

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN 76 HOUR (TYPE OR PRINT) TIMOTHY LUCKSHO DEATH MATED TO 6-11 4 RACE S. DATE OF BIRTH SEX 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY White 58 PRONOUNCED Male 30A To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) S. Maryland Wicomico WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! Rum Ridge Road Carpenter Constructio SHOULD BE USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE Wicomico Salisbury 13d. INSIDE CITY LIMITS? Rt. 3, Rum Ridge Road Md. 14. FATHER'S NAME A PM 15 MOTHER'S MAIDEN NAME Maximillian Lucksho Calloway a. OF 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) HE YES GIVE WAR OR DATES 214-66-8534 Maximillian Lucksho Delmar, Md. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Bullet Wound of Brain DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T (a) CERTIFICATION 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO. BE DEPARTMENT PRIOR TO BURI 210. EXTERNAL CAUSE WAS 2Th. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING TO OR 6-11-80 Self-inflicted bullet wound. CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME 71f. LOCATION Wicomico AT WORK AT WORK Md. Rum Ridge Rd. ome. driveway. own Inspection X 22a. I certify that I took charge of the remains described above, held an Autopsy Suicide X Hamicide death resulted fram: Natural causes TITLE (SPECIFY) ACTUAL DATE 6-12-80 PAGE A SHOU TO FUNERAL D AFTER DEATH, BALTIMORE, MA Deputy SIGNATURE MEDICAL EXAMINER ADDRESS 409 Camden Ave., Salisbury, Md. EXAMPLES NAME Earl L. Royer, M.D. 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Delmar Sussex Delaware Burial 6-13-1980 Stephens Cem. BP 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTAN'S SIGNATURE DHMH - 17 (VR A15 ME (5)) Marvel-Short. Delmar, De. 30M 7/73

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	1. DE	CEASED NAME FIRST	MIDDLE		AST	REG. I		DAY YEAR	2h HOUR
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e.			WHITE	MONTH	DAY YEAR	AGE (IN YEARS LAST B		MONTHS DAYS	HOURS MIN
10			16 CITIZEN OF WHAT COUNTRY USA	MARRIE			OR COUNT	Y OF DEATH	,
30	5	Salisbury	Peninsula G	enera.				JE KIND C	PT.
74	DE	LAWARE SUS			13H. INSIDE CITY LIMITS? YES NOX	R.D. 1, B		(PINEY	NECK
103		ELWOOD			VERDA	C.		MARVEL	51
3	16e V	VAS DECEASED EVER IN U.S. A les, no or unknown) 1 if yes, Gt NO	VE WAR OR DATES!			** S. P. S.			
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		Canditions, if ony, which gave rise to immediate cause 10, stating the underlying cause lost	(8)		Cerrhosis L	wer		Sove	rcl mou
	NO								
9	TIFICAT	190 DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT	IFYING CAUSES	
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17 We		sow the deceased alive a	6/12		nd that in (my) (mr) opinion	deoth occurred on the	dote and ho		that (I) (we) I couses stated
		/ Du	Dawd.	mo '	ATTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF ICIAN 🗍	22c. DATE	SIGNED
2		224 PHYSICIAN'S NAME (TYPE	OR PRINT)						
1		BAL	AGARWAL		614 Eastern	Shore Dr.,	Salis	bury, M	arylan

STATE OF MARYLAND

Marvel June 12, 1880 545/ and the second s Line and Sto Kasten, Store Inc., Salisbory, Maryland BUNGERS CONTRACTOR LIBER S. L. NUL

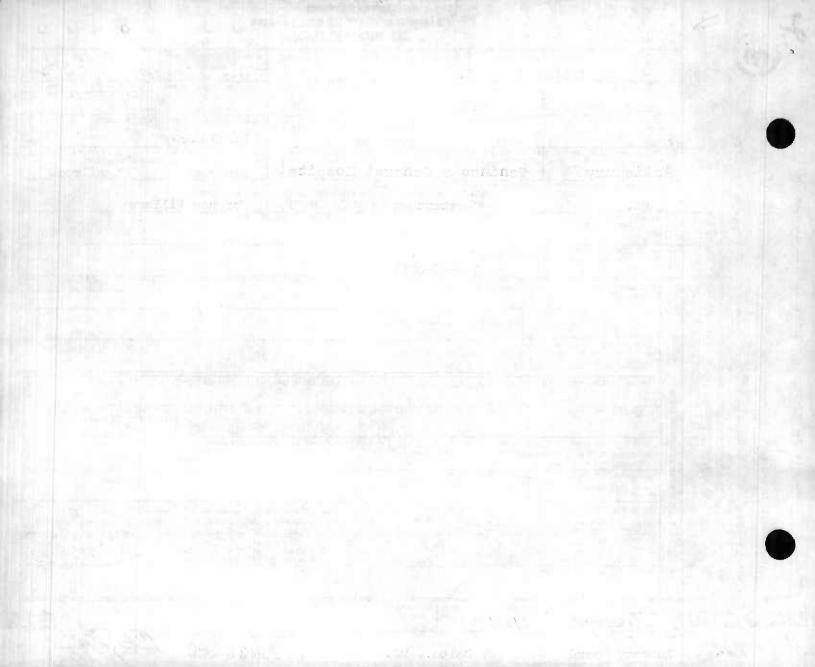
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1-	FOR STATE			DEPARTI	MENT OF H	EALTH AND M	ENTAL HYGI	ENE 8 U	1 6	> 48	8 9
	REGISTRAR	18					AIN				
	CEASED NAME OR PRINT)	SAME FREST MIDDLE LAST TO DETERMINE THE STATE OF DEATH MONTH June 27, 1980 4 RACE White STATE OF FOREIGN APPLIED AND THE ARRIED AND THE ARRI		Y YEAR	26 HOUR 6:30						
	·		DEPARTMENT OF HEALTH AND MENTAL HYGIENE OF CERTIFICATE OF DEATH REG NO. R								
3 SE		,			IF UNDER 24 H						
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C	OUNTRY)				MARRIE					TO DEATH	
9	ali sbury		Deer	s Head C	address) enter	OR OTHER INSTIT	NOITU	(TYPE OF WORK FOR MOST	OF WORKING LIFE)	INDUSTRY	paper
130. 5	al residence (# Nur STATE aryland	136 COUNTY	Υ	13c. CITY OR TOW	/N			13e STREET ADDRESS 131 Lake	eview	Drive	
4. FA	THER'S NAME										
A	lfred		Mi	les				MIDDLE	F	Powel	
6a V	VAS DECEASED EVER			16h SOCIAL SECU	JRITY NO.	17 INFORMAN	T	ADDR			
Y	es, no or unknown)	1951	- 195	5 215-20	6-2795	Mrs. J	une B.	Miles (wi	fe) sam	ne asl:	3
CERTIFICATION	couse (0), stati underlying cause	ng The e lost NIFICANT CO	(c)	ntributing to I	DEATH BUT				20b. IF YES,	WERE FINDIN	NGS USED
TIFIC								YES NOW	4		NO [
	OR CONTRIBUTING	CAUSE OF DEATH	HOUR A.A	A. MONTH DA		21c. HOW INJU	JRY OCCURRE	ED (ENTER NATURE OF INJU	RY IN ITEM 18, PAR	T 1 OR PART 2)	
MEDICAL	21d. INJURY OCCUR		21e. PLACE C	OF INJURY		211 LOCATION		CITY OR TO	WN	COUNTY	STATE
	22a.1 certify that (1)) ottended the	deceased fram_						9	
	saw the deceos obove, (1) (we) (22b. SIGNATURE	did) (did not)	Shuen	ofter death. 19_		DEGREE	TENDING	MEDICAL STA	FF	22c. DATE	SIGNED
	224 PHYSICIAN'S N	- / .	estha, l	M.D.		22e ADDRESS	- 100	Center, Sa		y, Md.	2180
23a. E	BURIAL, CREMATION, SPECIFY) Burial		23b. DATE 30/80			EMETERY OR CR	EMATORY	23d LOCATION CITY OR TOWN Mardela, N	C	OUNTY	STATE
HC	UNERAL DIRECTOR DLTOWAY FUL	NERAL H	IOME, Sa	alisbury	, Mary	land	25a DATE	REC'D. BY REGISTRAR	25b. REGISTO	AR'S SIGNAT	URE Creed

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

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				STATE OF MAKTLA	ITTO	
4 mQ1		FOR - STATE REGISTRAR		CERTIFICATE OF D	MENTAL HYGIENE &	16491
-	T,	DECEASED NAME FIRS	MIDDLE	LAST	2a DATE OF DEATH M	ONTH DAY YEAR 26. HOUR
A CE	1	Pauli	ne	- moor	E Jun	18 10.1950 5年
a d	3	SEX	4 RACE	5 DATE OF BIRTH	6. AGE IN YEARS LAST BIRTH	MONTHS DAYS HOURS MIN
age 4		FEMALE	White	July 4,192		YRS.
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by the furnithin led within		alisbury	Peninsula	, NURSING HOME OR OTHER INST EMESTREET ADDRESS) General Hosp.	ital Laborer-La	
thin 24 ho y filled in ould be fil	41	STATE 136 C		OR TOWN 13d. INSIDE CILIS DULY YES	ITY LIMITS? 13. STREET ADDRESS Rt. 3, Mt	. Hermon Road
S le X	_	FATHER'S NAME		15 MOTHER'S	MAIDEN NAME	
completed and 2	2/W	allace	Humes		FIRST MIDDLE JCY	Griffith
e be exect an and cor Pages 1 at		WAS DECEASED EVER IN U. 1785, NO OR UNKNOWN) (IF YE	S, GIVE WAR OR DATES)	IAL SECURITY NO 17 INFORMA -24-0573 Mr. 1	NT ADDRES Edwin Lee Moore	(husband) same as 13
te law requires that the state of the area in the please remove prior to burial, cremate was any injury, or other	7		(c)ANT CONDITIONS CONTRIBUT		TO THE TERMINAL DISEASE OR COND RMED 700 AUTOPSY?	ITION GIVEN IN PART 1(0) 206. IF YES, WERE FINDINGS USED
	1				YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO NO
rSiCIAR hysician certifica l-transit ntal Hyg		OR CONTRIBUTING CAUSE	OF DEATH HOUR A.M. MON	NTH DAY YEAR	JURY OCCURRED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART 2)
DING PHY Ittending p After this is the buria Ith and Mel		21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJUR	Y 211 LOCATIO	CITY OR TOWN	
or a or a or a or a lase a Heal		saw the deceased ali	haspital) attended the decease ve on	1980 and that in (my)	(aur) apinion death accurred on the dat	.,,
AL OR AT the hospital AL DIRECT tached for the Dept. of T. If Item 2		226. SIGNATURE M	Ben Hone	DEGREE	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICI S	276. DAJE SIGNED 6/10/80
PITAL by the ERAL State State		224. PHYSICIAN'S NAME				
HOSPITA ained by the FUNERAL ould be deta the State			orner, M.D.	Sal	isbury, Marylan	d
TO HOSPITA retained by the TO FUNERAL should be deta with the State IMPORTANT.	2: H		orner, M.D. OVAL 735. DATE 6/13/80	Sal 33, NAME OF CEMETERY OR CE Bethel Churc	REMATORY 23d LOCATION	d Wic county Maryland

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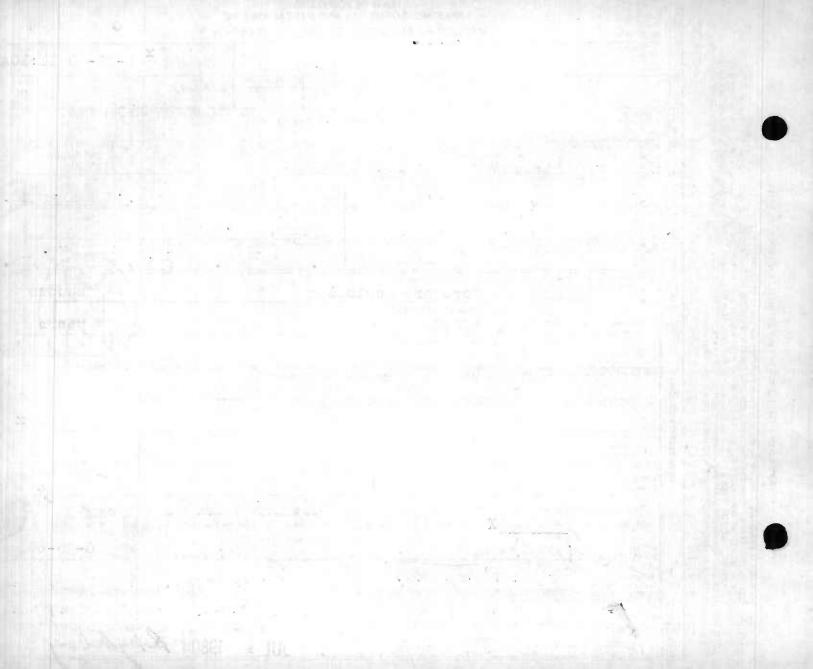
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HOLLOWAY FUNERAL HOME, Salisbury, Maryland

DHMH-16 25M (VRA 15, 4) 1/79

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STATE OF MARYLAND



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	AL 34 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the hospital or attending physician.
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FUNERAL State MPORTANT

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CERTIFICATION

MEDICAL

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TATE OF MARYLAND

JIAIE OF MANILAND			
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	3	U	

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134 INSIDE CITY LIMITS?

NO [

15. MOTHER'S MAIDEN NAME

EIRST

YES A

LAST

5 DATE OF BIRTH

MARRIED -

	0 0					-
	REG. N	10				
	24 DATE OF DEATH	MONTH	DAY	YEAR	7h HO	JR.
		6	27	80	19	
	6. AGE (IN YEARS LAST BE	THDAY	IF UNDE	RIYEAR	# UNDE	R 24 HR
)	80	YRS	MONTHS	CIAYS	HOURS	Min
7	BALTIMORE CITY	OR COUNT	Y OF DE	ATH		
	Wicom	ico				

COUNTRY O CITY OR TOWN OF DEATH

USE COUNTY

nomas

4 RACE

USUAL RESIDENCE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 138 STATE 113 CTY OR TOWN

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

IN CITIZEN OF WHAT COUNTRY?

MIDDLE

WIDOWED DIVORCED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION I IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Peninsula General Hospita

CITY OR TOWN

ocamoke

TYPE OF WORK BOR MOST OF WORKING LIFE! INDUSTRY -arm

17s. USUAL OCCUPATION

MIDDLE

14 FATHER'S NAME

Salisbury

FOR - STATE

I DECEASED NAME

(TYPE OR PRINT)

3 SEX

REGISTRAR

Male. TE BIRTHPLACE ISTATE OR FOREIGN

MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES YO DR UNKNOWN) I (IF YES, GIVE WAR OR DATES)

166 SOCIAL SECURITY NO.

17. INEORMANT

APROXIMATE INTERVAL

IMMEDIATE CAUSE (a). Conditions, it ony, which gave rise to immediate couse tol, stoting the underlying cause lost.

PART I DEATH WAS CAUSED BY.

19a DATE OF OPERATION

724. PHYSICIAN'S NAME ITYPE OR PRINT

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH	DAY	YEAR

1%. CONDITION FOR WHICH OPERATION WAS PERFORMED

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

20a AUTOPSY?

NO

IN CERTIFYING CAUSES OF DEATH? YES [NO [

206. IF YES, WERE FINDINGS USED

LIF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED 218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK AT WORK

211 LOCATION STREET

CITY OF TOWN

COUNTY STATE

17h KIND OF BUSINESS OR

220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive on. above, (1) (we) (did) (did not) view the bady after death 226. SIGNATURE

DEGREE PHYSICIAN

MEDICAL STAFF DIRECTOR PHYSICIAN

and that in (my) (our) opinion death occurred on the date and hour and fram the couses stated

22c. DATE SIGNED

22R ADDRESS

LOCATION DITY OF TOWN

24 FUNERAL DIRECTOR

230 BURTAL, CREMATION, REMOVAL

III HAME OF GEMETERY OR CREMATORY

250. DATE REC'D. BY REGISTRAR 251 BEGISTRAR'S SIGNATURE

DHMH-16 25M (VRA 15, 4) 1/79 23b. DATE

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4) 1/79

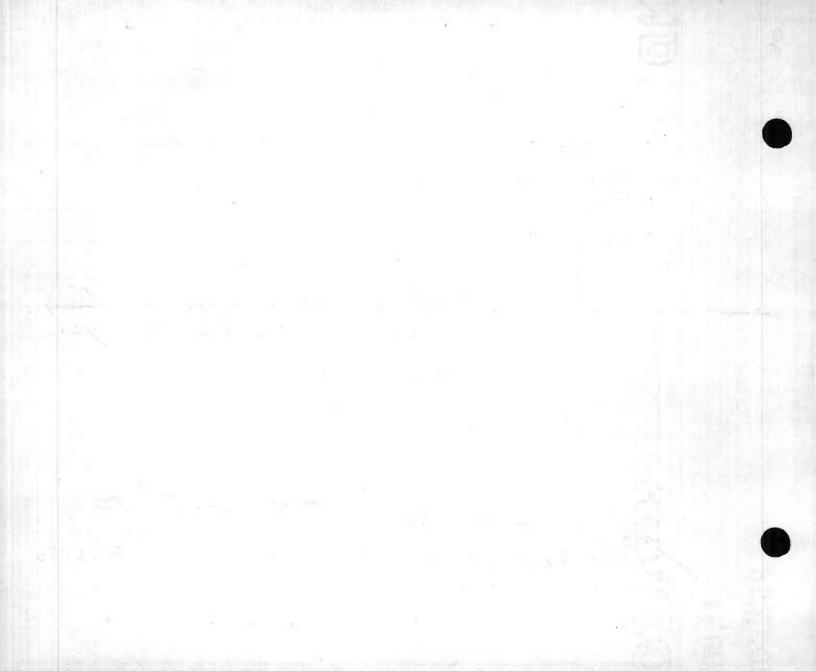
Salisanny Peninsula to and Hospital The state of the s A JUNE 4 120 CONTRACT OF

1-	FOR A, C, FilmG544 6/10/80 Kam STATE OF MARTLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	4 9 8
(TYI	CEASED NAME THE CORPRINT) Debra TO DATE KNOWN TO MONTH OF ESTI- DEATH MATED TO DEATH M	5-8,0 5:01.
	emale AA 7 NONTH DAY SEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED 5-10-80	D 19 Zear Ze HOU
961	IRTHPLACE (STATE OR STATE OR S	M
	Salisbury Peninsula General Hospital / Aborer AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	OR INDUSTRY
13o. S	Md. Notester Snow Hill 134. NSIDE (ITY LIMITS) 136. STREET ADDRESS Rt. 1, Box 222	
0	ATHER'S NAME WE ST THE MIDDLE RICHARDSON IS MOTHER'S MAIDEN NAME MIDDLE RICHARDSON RICHARDSON RICHARDSON RICHARDSON ADDRESS A	hardson
166. \	(IF YES, GIVE WAR OR DATES) 214-92-3339 Maude Ferguson Richardson	as above
	PART I DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Closed Head Injury with Pulmonary Edems IMMEDIATE CAUSE (a)	
1	Canditions, if any, which gave rise to immediate (b)	40 min.
S	cause (a) stating the <u>under-lying cause last.</u> DUE TO, OR AS A CONSEQUENCE OF (c)	
NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g).	
CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES NO IX
	216 EXTERNAL CAUSE WAS 216 TIME OF INJURY 11 YEAR UNDERLYING TO CONTRIBUTING CAUSE OF DEATH 23 A. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 23 A. 5-20-80 Passenger on motorcycle, him	2)
MEDICAL		- 00
3	22a. I certify that I took charge of the remoins described above, held an Autopsy , Inspection X, Inquiry X, and in my apin death resulted fram: Nowyal causes , Accident X, Suicide , Hamicide , Undetermined manner ,	
	TITLE (SPECIFY)	5-12-80
2	EXAMINER'S NAME Earl L. Royer, M.D. ADDRESS 409 Camden Ave., Sali	
23o. B	URIAL CREMATION, REMOVAL 236 DATE 236. NAME OF CEMETERY OR CREMATORY SCHOOL OF COUNTY SPECIFY SP	STATE /
	UNERAL DIRECTOR ADDRESS DILEY Funeral Home, Salisbury, Md. 256. DATE REC'D, BY REGISTRAR'S SK MAY 1 6 1980	NATURE

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60	1-	FOR STATE REGISTRAR			DEPARTA			GIENE 8 0	10	6 4	9 9
12	I DEC		FWST	MIDDI	LE .	LAST		20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
STATE REGISTRAR CERTIFICATE CONDITION OF DEATH STATE OF DRENT) A lice Lillian A l	SELY	Ju	NE 3	1.1980	1:15						
THE PARTY	3 SEX	(& AGE (IN YEARS LAST BE	THDAY)	IF UNDER 1 YEAR	_
5	TO STATE REGISTRAR I DECEASED NAME FINST Alice 3 SEX Female 70 BIRTHPLACE ISTATE OR FOREIGN COUNTRY) Maryland 10 CITY OR TOWN OF DEATH 130 STATE 130 COUNTY Maryland Wicon 14 FATHER'S NAME FIRST Daniel Agney 150 Daniel 160 WAS DECEASED EVER IN U.S. ARMED 175 JUST AND COUNTY 180 CAUSE OF DEATH IENTER OR ON WIND 18 CAUSE OF DEATH IENTER OR ON WIND 18 CAUSE OF DEATH IENTER OR ON WIND 18 CAUSE OF DEATH IENTER OR ON WIND 19 PART I. DEATH WAS CAUSED BY IMMEDIATE C. Conditions, if any, which gave rise to immediate couse 101, stating the underlying cause last PART 2 OTHER SIGNIFICANT CON 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING 170 CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED	White				75	YRS.	MONTHS DAYS	HOURS		
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emoval.		18 CAUSE OF DEATH (Enter only o	one couse per line for (a). (b), and (c).	Tall Tarices Of	rogers 200	THISOTI DEV	MATE INTERVAL
en please to burial, / injury,	,	PART 2 OTHER SIGNIFICANT COI	((c) (C) (C) (D) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	BUT NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN IN PART I (c	o,
an	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPER	ATIO:	To a suitone suit		
shows 8	FF.	THE DATE OF OPERATION	THE CONDITION FOR WHICH OPER	ATION WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FINDIN	OF DEATH?
118:	E	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCUR	YES NO	YES THE PART I OR PART 21	но 🗌
Mental Hygiene d or Item 18 sho		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		EAR			
d or	MEDICAL	21d INJURY OCCURRED	P.M. 21e PLACE OF INJURY	211 LOCATION			
marked or	¥	WHILE NOT WHILE O	(AT HOME, STREET, FACTORY, OFFICE, FARM, ET	CISTREET	CITY OR TO	WN COUNTY	STATE
. eo		22a I certify that (I) (this bospital)	attended the deceased from	Ce/18 10 80) to 0/2	19 90	that (I) (we)
ot. of Hi		saw the deceased alive on obove, (I) (we) (did) (did not) v	iew the body after death	. and that in (my) (our) opinion o	death occurred on the d		
0 -		22h. SIGNATURE	n W	DEGREE		22c DATE	SIGNED,
ANT		IN	Den fore	7 MD ATTENDING PHYSICIAN	MEDICAL STA		22/8
PORTANT		224. PHYSICIAN'S NAME (TYPE OR PR	INT)	22e ADDRESS	C	4,	
NPO I		W. Ben	Henry M.D.	Kay Av	re. Jah:	sbury, mo	
IMPO	23a.	BURIAL CREMATION REMOVAL	236. DATE / 23c NAME	OF CEMETERY OR CHEMATORY	23d LOCATION	COUNTY	STAP
		Durial	6/25/80 Ever	areen lem.	Berlin	Woveester	· Ma
5 25M	24 F	UNERAL DIRECTOR	APPONESS OI	25e. DAT	NESD BY PEGETA	75h HESESTANES SECTION	Disolly
4) 1/79	14	roca /) moose	- 108 Williams St.	Derlih.My	מטטון אוווי	/	. /

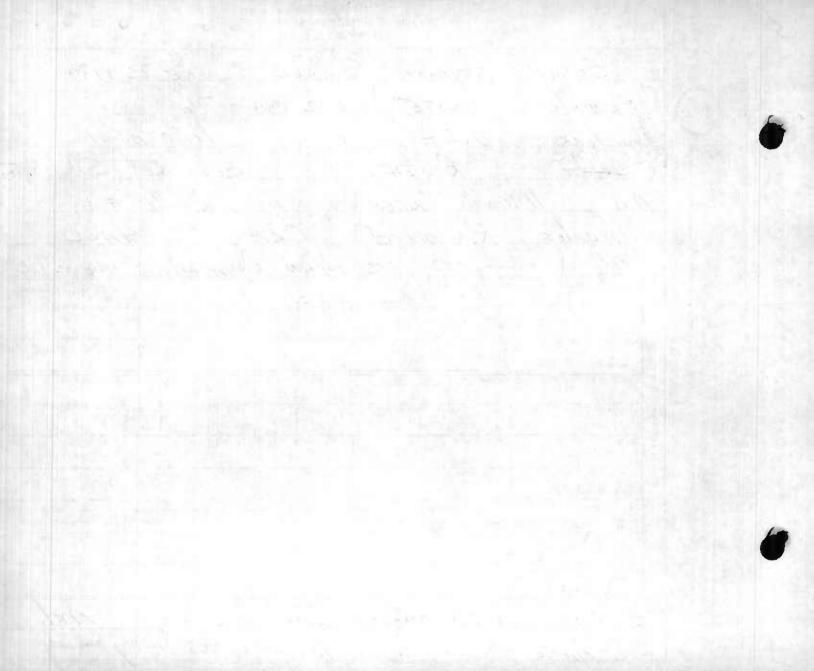
Laboury of the acceptance of the Court of the Court of the Court of Mid. War of the last of the last with the Control of the parties of the control of the contro

1. DI	FOR STATE	DEPARTMENT OF H	E OF MARYLAND IEALTH AND MENTAL HYGIE ER'S CERTIFICATE OF DE	LATEU O	502
	REGISTRAR ECEASED NAME FIRST (PE OR PRINT)		SAWDON	20. DATE KNOWN A MONTH	1-80 1:22
3 SE	Male White	5. DATE OF BIRTH 9 16 AGE (IN YEAR) 6 AGE (IN YEAR) 7 A	MONTHS DAYS HOURS MIN	PRONOUNCED 6-4-	DAY YEAR 2d HOU
Ĺ	SIRTHPLACE (STATE OR OREIGN COUNTRY) -ancaster	76. CITIZEN OF WHAT COUNTRY? England	8. MARRIED TO NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUN Wicomico	TY OF DEATH
	Salisbury	11. NAME OF HOSPITAL, NURSING HOME, (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Peninsula Genera ME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION	al Hospital	SUAL OCCUPATION (TYPE OF WORK OR MOST OF WORKING LIFE) Farmer	126. KIND OF BUSINESS OR INDUSTRY Farming
3e :	England Es	DUNTY 13c. CITY OR TOWN Sex Peldon-Co	1chesteen NO P	reet address e I don Hall	
	ATHER'S NAME FIRST John	- Sawdon	15. MOTHER'S MAIDEN NAME E the 1	MIDDLE Br	annegon
160	No	ARMED FORCES? GIVE WAR OR DATES) 16b. SOCIAL SECURITY None r only one couse per line for (a), (b), and (c).)	Mrs.Margaret Same as #13	Sawdon - (Wife) above	APPROXIMATE INTERVAL
7	Conditions, if any, wh gave rise to immedi cause (a) stating the <u>unc</u> lying cause last.	iate (b)	F		minutes
FICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERA			20 AUTOPSY?
MEDICAL CERTIFICATION	210. EXTERNAL CAUSE WAS UNDERLYING TO OR CONTRIBUTING CAUSE 210. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	OF DEATH 1:45 M. MONTH DAY YEAR	Passenger in a	uto involved Chincoteague	in accident
	22a. I certify that I took ch	narge of the remains described above, held an	Autopsy , Inspection X, ide , Homicide , Und TITLE (SPECIFY) ADD Deputy AF	Inquiry X, and in my o etermined manner	pinion

: 629 elected to the test of the last of the plant of and control the section of the se Tell list met at the telleter and the te pindelinano i menti pindeli i inferiore -Harawarderer Sastina - [10114] See as a linear see . The class of the fold the plant of the state of the plant of the state of the sta . In an one of the comment The view country why I except on proteon round A long in the state of th THE WILLIAM WILLIAM CONTROL SERVICE.

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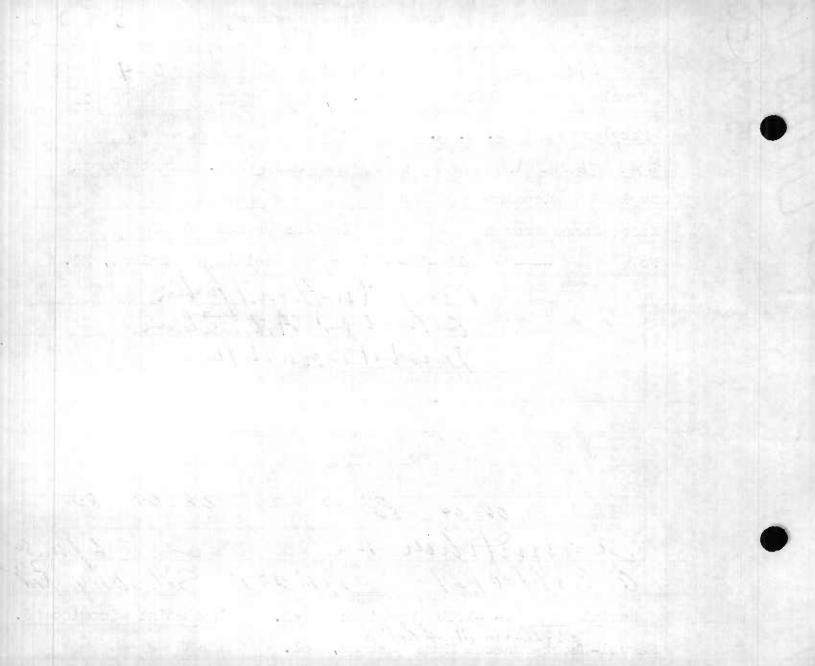
		1		STAT	E OF MARYLAND			
5		1.	FOR STATE		EALTH AND MENTAL HYGIR	NE ()	1650	4
		1.05	REGISTRAR TEASED NAME FIRST			REG. NO		
	. 74	(TYPE	OR PRINT)	Dibble 1	ASI	20 DATE OF DEATH	MONTH DAY YEAR	25 HOUR
	y b		JUSAN	[Aymord	SMALL	JUNG	23 1980	M
	E	3 SE	' _ '	RACE S DATE O		AGE (IN YEARS LAST BIRT	HDAY) IF UNDER I YEAR MONTHS DAYS	IF INDER 24 HRS
	960 (MA)		FEMALE	WHITE du	NE 12 1904	76	YRS	MIN
	€ P	70 B	RTHPLACE STATE OR FOREIGN 7	// 6. //	D LI NEVER MARRIED LI	BALTIMORE CITY O	R COUNTY OF DEATH	
	deo	1	ew lock	1. NAME OF HOSPITAL, NURSING HOME		100	0m100	MD.
_	de the top	0	DELMAR	(IF NOT IN SUCH FACELITY GIVE STREET ADDRESS)		120. USUAL OCCUPATE (TYPE O WORK FOR MOST OF	FYJORKING LIFET INDUSTRY	BUSINESS OR
1120	Sun Page	ÚSÚ.		THER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION		Decy	Le I Scha	21-150
MARYLAND 2120	24 h	131.3	136 COUNT	Camila 136 CITY OR TOWN	YES NO X	3e STREET APPRESS	L- #- 1	
YLA	ithin 2 sh	IL F	THER'S NAME	0	15 MOTHER'S MAIDEN NAM	100	16 11	
MAR	complete ond	1	appoles "	DDLE ARUM + AFT	OPA	WIOOFE	HALL	
	5 0		VAS DECLASED EVER IN U.S. ARM	ED FORCES? 166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRE	SS	
BALTIMORE,		(ES, NOO THE SOUND (IF YES, GIVE V	052-03-355	LOND KI	evment.	SAME A	5 13C.
BALT	of.		18 CAUSE OF DEATH Enter only	ane cause per line for (0 ,4b), and (c)	1	7	APPROXIM BETWEEN OF	NATE INTERVAL
:	g phy:		PART I. DEATH WAS CAUSED IMMEDIATE	1 16 1	umcen			
NO			1539	DUE TO, OR AS A CONSEQUENCE OF				
EST	ne death cr enove cort matian, or rroumatic		Conditions, if ony, which	(b)				
201 W. PRESTON ST	the me		gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUENCE OF				
2	d by leose iol, cr		underlying couse last	(c)				
35, 2	n signer Then pl	z	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE OR CONE	DITION GIVEN IN PART 110	ATT I
ORI	- 10 P	TION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	NI WAS BEREORING	Tan Autonova	TOOL IF YES TAKEDE SINIDING	00.11070
REC	hos be permise prime pri	CERTIFICAT	170 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES C	OF DEATH?
TAL		E	210 ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	121- HOW IN LUBY OCCUPAGE	YES NO	YES [NO 🗌
>	4		OR CONTRIBUTING CAUSE OF DEATH		21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)	
O		S.	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 19				
DIVISION OF VITAL RECORDS,	his day	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	OUNTY COUNTY	STATE
DIV	or offer the ost the olth one marked		AT WORK					
			22a.1 certify that (f) (this haspital saw the deceased alive on			_, to		hat (1) (we) lost
-1	OR ATTEN ie hospitol DIRECTOR: oched for us Dept. of He		above, (I) (we) (did) (did not)	view the body after death.	nd that in (my) (our) opinion de	ath occurred on the do		
			22b. SIGNATURE		DEGREE ATTENDING _	MEDICAL STAF	22c, DATE S	IGNED
			AND STANKS WANTED	10	PHYSICIAN _	DIRECTOR PHYSIC	IAN	A CONTRACTOR
	0 9 504 8		22d. PHYSICIAN'S NAME TYPE ORF		22e. ADDRESS			
	O HOSPITAL TO FUNERAL should be de with the Stote		7926 W 1	- CRNSSO				
		23a. E	URIAL, CREMATION, REMOVAL	1	EMETERY OF CREMATORY	23d. LOCATION	COUNTY	TATE
	BP		DUKIAL	10-25-1980 610A	(Em.	Ellex	1	C.
D	HMH - 16 60M 1/75 (VR A 15 (4))	24 FI	INERAL DIRECTOR	[ADDRESS]		REC'D, BY REGISTRARY	156 BEGISTRAR'S BIGNATU	RE
	1 - 1 × 1 × 1 × 1 × 1	1 16	111- 618	- 1201/WILL SMICK	IL TOUR	J U IUUU I	, , , , , , , , ,	



100	1 - STATE REGISTR	AR			MENT OF H	EALTH	AND MENTAL ERTIFICATE		ru V	1 6 G. NO.	5 0	5
A (MA)	1. DECEASED I	AME FIRST		MIDDLE			AST	[2	e DATE KNOW	N MONTH	H DAY YEA	R Zb. HOUR
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#510E	3. SEX	4 RACE	5. DATE OF BIRTH	YEAR	6 AGE (IN YEARS	IF UN	DER 1 YR. IF UND	ER 24 HRS.	2c. DATE	MONTH	DAY YE	AR 2d. HOUR
N S S S S S S S S S S S S S S S S S S S	Male	White	1 24	59	21 YRS	MONTH	DAYS HOURS	MIN F	PRONOUNCED DE AD	6	23 1981	0 150
NECESS. FUNERAL 5 FOR Y W. PREST		oury, Md.	75. CITIZEN OF WH	AT COUN		MARRII	D NEVER MAI	RRIED 🛄	BALTIMOREC Wicomi			
AY IS THE 301	Salis		11. NAME OF HOSE (IF NOT IN SUCH FACE Peninsu	la G	eneral	. Но	spital	Stu	ALOCCUPATION OST OF WORKING LIFE Ident	Y TYPE OF WORK	OR INDU COll	BUSINESS
1201 F ANY [F AND 3 RETAIN HOULD RECORD	USUAL RESIDE 130 STATE Mary 12	NCE (IF IN NURSING HOME OF AND WICE	PROTHER INSTITUTION, GIV TY OMICO	13t. CITY Sa	effore admission or town lisbur	y	13d. INSIDE CITY LIMITS?	134 STRE	ET ADDRESS DOGWO	od Dr:	ive	
A HIT WELL	Jack Jack	Pau 1	MIDDLE S:	mith	LAST		Anne	DEN NAME Vi	rginia		Reed	
BALTIMORE, URS AFTER DE B. GIVE PAGES WITH FORM I. PAGES 1 AND DIVISION OF	160. WAS DECI	ASED EVER IN U.S. ARI NKNOWN) (IF YES, GIVE	MED FORCES? WAR OR DATES)		-56-16		Mr. Jac	k P.		ress sar (fathe	me as er)	13
2 8 2 2	18. CAU PAR	SE OF DEATH (Enter on I DEATH WAS CAUSE)	TE CAUSE (a) ACT	ute	subara		oid Hem	norrh	age		BETWEEN ON	AATE INTERVAL NSFT AND DEATH
PRES VITHIR CLI IN NER ANSII	gov	ditions, if any, which rise to immediate to (a) stating the under-	(b) In	trac	SEQUENCE OF erebra SEQUENCE OF		lemorrha	age			23 (days
ECUTED V. IN PEN AL EXAM. ND MENITAR. TN OR REV.	lyin	g cause last.	(c) M	assi	ve sku		fractur				23 (days
ORDS, : BE EXEC DING" EDICAL IS A BU ITH AND		nersignificant conditions		UI NOI RELAT	TED TO THE TERMINA	IL OISEASE	OR CONDITION GIVEN IN	PART 1 (a),				
TAL RECORD HOULD BE E. RD "PENDIN THEF AEDIC	190. DAT	E OF OPERATION		ION FOR V	VHICH OPERAT	ION W	AS PERFORMED?				20. AUTOPS	CV2
A AORDON	£ 6-	2-80					mmorrha				YES [
BIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXE STITING THE WORD "PENDING" RDED TO THE CHIEF MEDICAL ES DEPARTMENT OF HEATTH AN PRIOR TO BURIAL, CREMATION	21g EXT	RNAL CAUSE WAS	21b. TIME OF	INTURY	DAY YEAR	21c. HC	w MJURY OCCUR	RED (ENTER N			PART 2)	
DIVISION OF VIT BILLS THIS CERTIFICATE SHAMEN OF THE WORNARDED TO THE CORWARDED TO THE CORWARDED TO THE CORWARDED TO THE CORWARD SHAMEN OF CORWARD TO THE CORWARD THE C	1 ×	RY OCCURRED NOT WHILE AT WORK	216. PLACE O	F INJURY	(AT HOME,	211. LOC	ATION	erpas	CITY OR TOWN		C Kway M	STATE
MINER: THE STATE OF THE STATE O	22a. 1	certify that I taak charg		ribed abay	ve, held an	Autaps	y , Inspect		Inquiry ,	and in my a	1001 111	1.
TO MEDICAL EXAMINER EXECUTE THE CENTRICAN PAGE 4 SHOULD BE FO TO FUNERAL DIRECTOR, AFTER DEATH, WITH THE BALTIMORE, MARYLAND.	ACTUAL SIGNAT	URE John	-66	لاسم	siley	M.	Deputy	-	CAL EXAMINER	DATE	June	25,80
TO MEDIA EXECUTE PAGE 4 TO FUNE AFTER DE BALTIMOR		ER'S NAMEJOHN			, M.D.		DDRESS Sal			yland	218	301
	(SPECIFY)	EMATION, REMOVAL 2			IAME OF CEME				CATION		YTHU	STATE
BP	Buria 24 FUNERAL		6/25/80	[Pa	rsons	Cen	etery	Sali	sbury REGISTRAF	Wic	Mary	land
DHMH - 17 (VR A15 ME (5)) 30M 7/73	HOLLO	AY FUNERA	AL HOME,	Sal	isbury	, M	d. JÜ	N 27	1980	whoy!	halred	,

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Marvel-Short



	1	FOR - STATE REGISTRAR	DEPAR	CERTIFICATE OF DEATH	REG. NO.	0 5 0 /
2 25		PECEASED NAME FIRST	WIDDLE	tast CMTDT TATO	2a. DATE OF DEATH MONTH	DAY YEAR 26 HOUR 12/20 M
otor, programmer de	3. S	Herbe Male	4 RACE BIK.	STERLING S. DATE OF BIRTH ADV DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
		BIRTHPLACE STATE OF FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COU	
	/ 5	CITY OR TOWN OF DEATH Salisbury	Deer's Head Ce		120 USUAL OCCUPATION 1748 OF WORK FOR MOSTON WORKIN	176. KIND OF BUSINESS OR
filled in found be	5 130	STATE Md. So	EOR OTHER INSTITUTION, GIVE RESIDENCE BEFORE DUNTY OWNEYSET 134 CITYOR, TO	YES NO 1	13-STREET BODRESS 86	Marion, Md.
Supplement of the supplement o	0	FATHERSNAME	MIDDLE STOWN	15 MOTHER'S MAIDEN NA BERTHZ	MIDDLE	Marshall
be execu-	2 160		ARMED FORCES? 166 SOCIAL SEC GIVE WAR OR DATES) 213-12		MS PO#186/	prion Md.
equires that the death certifical signed by the attending ships from please remove cartinal pop to burial, cremation, or emporaniury, or other traumatic event.	NO	Canditians, if any, which gave rise ta immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQ	undial intare	Tion, probat	APPROXIMATE INTERVAL BYTWEEN ONSE AND DEATH MI MUT 45 4 5
he law re an. has been t permit. iene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY? 20b. II	FYES, WERE FINDINGS USED PRIFYING CAUSES OF DEATH? YES NO NO
HYSICIAN: T nding physici nos certificate burial-transi Mental Hygi	MEDICAL CER	OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIN	DEATH HOUR A.M. MONTH	DAY YEAR 19 211 LOCATION	RRED ,(ENTER NATURE OF INJURY IN ITEA	A 18, PART 1 OR PART 2) COUNTY STATE
ENDING PHYSICIA cal or attending p DR. After this certif ruse as the burial- Health and Mental is marked an Item	2	AT WORK AT WORK	ispital) attended the deceased fram		, ta	
OR ATT e haspire OIRECT ched fo ched fo Dept. of them 21		saw the deceased alive abave. (h (we) (did) (did 22b. SIGNATURE	natiview the bady after death. 7. Tustui	and that in (my) (aur) apinian MIDEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	22c. DATE SIGNED
TO HOSPITAL (etained by the TO FUNERAL Is should be determined by the State Impropries of the State Improvement of the Improvement of the State Improvement of the Improvement of		Nancy W. Tus		Deer's Head	Center; Salisb	ury, Md. 21801
PP	730	BURIAL CREMATION, REMOV	June 7, 1980 23	NAME OF CEMETERY OF CREMATORY	131 NOCATION SE	Som 1 STATE
DHMH - 16 50M 7/77 (VR A 15 (4))	24.	FUNDERAL DIRECTOR 6	Mapress 1	1 174 116/	TE REC'D. BY REGISTRAR 256. RE	GISTRAR'S SIGNATURE

STATE OF MARYLAND

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Street Same		1001 - NI - NI - NI -	1.5k
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		The Marie	The Visual States

	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO	D.
1. DE (TYPE	CEASED NAME FIRST FOR PRINT) Wil	lie	STEWART	June 1	8, 1980 2105
3. SE	male	Black	5. DATE OF BIRTH MONTH BAY BAY BAY BAY BAY BAY BAY BA	6. AGE (IN YEARS LAST BIRTI	MONTHS DAYS HOURS MIN
70. B	IRTHPLACE (STATE ORFOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8 MARRIED NEVER MARRIED		R COUNTY OF DEATH
30	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	RSING HOME OR OTHER INSTITUTION	Wi com	ON 175 KIND OF BUSINESS C
11	Salisbury	Deer's Hea		TYPE OF WORK FOR MOST OF	FWORKING LIFE) INDUSTRY
	AL RESIDENCE (IF NURSING HOMEO STATE) 134 GOUL		efore admission) 13d. Inside city limits? YES NO	17 STREET ADDRESS	p. 80. Ps. anni
10 7	Collam	MIDDLE Stell	nad Claret	WIDDLE	milbourn
2 160	MAS DECEASED EVER IN U.S. AR YES, NOOR UNKNOWN) (IF YES, GIV	RMED FORCES? 16b SOCIALS E WAR OR DATES) 214-32	2187 July St	eward 1	4.3. But 80. Po
	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly ane cause per line far (a), (b			BETWEEN ONSET AND DEATH
	233 5 Canditions, if any, which	DUE TO, OR AS A CONSE	ouence of Priplegia due to	cervicals	pine yre
	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	/ /	dista	DITION GIVEN IN PART 1/21
NO	multiple or	le cubitus	Olcers	THE BIOCHES ON CONT	
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WE	TICH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
4	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	RED (ENTER NATURE OF INJUR	LY IN ITEM 18, PART 1 OR PART 2)
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	21f LOCATION STREET	CITY OR TOW	VN COUNTY STATE
	22a.1 certify that (I) (this hasp saw the deceased alive ar abave, (I) (we) (did) (did no			death accurred an the do	, 19, that (I) (we) lo ate and haur and fram the causes stated
	226. SIGNATURE Mailey	m. Tustui	DEGREE THIRD ATTENDING PHYSICIAN [MEDICAL STAF	22c. DATE SIGNED 6/18/80
	Nancy W.	Fustin, M.D.	Deer's Head	Center, Sal	isbury, Md. 21801
				23d. LOCATION	
2300	BURIAL, CREMATION, REMOVAL	23b. DATE 6 - 30 - 80	23c. NAME OF CEMETERY OR CREMATORY	236. LOCATION	COUNTY STATE

STATE OF MARYLAND

Welghie Homes, the Redember Case for Some

				STATE OF MARTLAND			A 11
2	1.	FOR - STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE & U	165	0 9
7		CEASED NAME , FIRST	MIDDLE	LAST		MONTH DAY YEAR	Zh HOUR
a A	ITYPE	ORPRINT) Charle	a Lowell	Taylor	June	2,1980	80%
ge 4 ma	3 SE	× M	1 RACE	5. DATE OF BIRTH MONTH OAY YEAR A 9 27 12	6 AGE (IN YEARS LAST BIRT	MONTHS DAYS	
ath. Pa		RTHPLACE (STATE OR FOREIGN OUNTRY)	TO CITIZEN OF WHAT COUNTRY	MARRIED WEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
the fune within 7	10 C	ITY OR TOWN OF DEATH		WIDOWED DIVORCED ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATI	ON 12h KIND	OF BUSINESS O
ने कि है		Salisbury		eneral Hospital	TECIR E	FY ORKING LIFE) INDUSTRY	
filled in uld be fil	13 _R	STATE 136 COUP	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE TO TO STATE OF TO STATE OF THE STATE OF T		130 STREET ADDRESS	WARR Apt	. 66
wit sho sho	14 F/	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	MIDDLE		AST
d comple		WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC	URITY NO 17 INFORMANT	NC 65 ADDRE	I A Y/d C	
ite be e sian and s. Pages			214-61-		E TAY/O	& Salis	, md.
death certifi ttending physicarbon papu ion, or remon traumatic ev			Ily ane cause per line far (a), (b), c D BY. IE CAUSE (a) CAUSE (b) DUE TO, OR AS A CONSEQ	ac miss	encula de	3	N ONSET AND DEATH
equires that the signed by the at n please remove i burial, crematinjury, or other		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQ	UENCE OF			
p be y	NO	PART 2 OTHER SIGNIFICANT	- 1/	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART 1	la
PHYSICIAN: The law g physician. This certificate has bee ministensis permit. To Mental Hygiene prior of or Item 18 shows and or Item 18	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY? YES NO	200. IF YES, WERE FIND IN CERTIFY ING CAUSE YES [
HYSICIAN physician. is certificat ial-transit pfental Hygis or Item 18		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEALER NOTHER MEDICAL EXAMINER	HOUR A.M. MONTH	DAY YEAR	RRED JENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 OR PART 2)	
DING PH' ttending p After this s the buria th and Me marked or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE TO AT WORK	21e PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE	TH LOCATION	CITY OF TOV	VN COUNTY	STATE
ATTEND tal or att CTOR: A or use as: of Health n 21 is m		220.1 certify that this hasp	tal) attended the deceased from	and that in (my) (auc) opinion	to 4/21	1 6 R	, that (ve) lo
		obove (I) (wanted) (did no	it) view the body after death.	DEGREE		22c. DAT	E SIGNED
TO HOSPITAL OR Vetained by the hospital or CUNERAL DIRECTION OF March 16 State Dept. With the State Dept.		224. PHY SICIAN'S NAME (TYPE O	R PRINT)	ATTENDING PHYSICIAN 12a ADDRESS	MEDICAL STAI	IAN	1 - 1
TO HOSPIT, retained by to TO FUNERA should be determined by the State with the State MPORTAN		Chay Fon 2	Raabmi	o. Locust	+ Quina	1 50,5 So	elistre
BP	23a	BURIAL, CREMATION, REMOVAL SPECIFY BURIAL	23b. DATE 236	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	NA COUNTY	+ only
	24 F	UNERAL DIRECTOR	100	A	IE REC'D. BY REGISTRAR		TURE
DHMH-16 25M (VRA 15, 4) 1/79	u	BST - FOLKS P	1/4 SALIS DUR		UN 12 1980	profing No	Credy

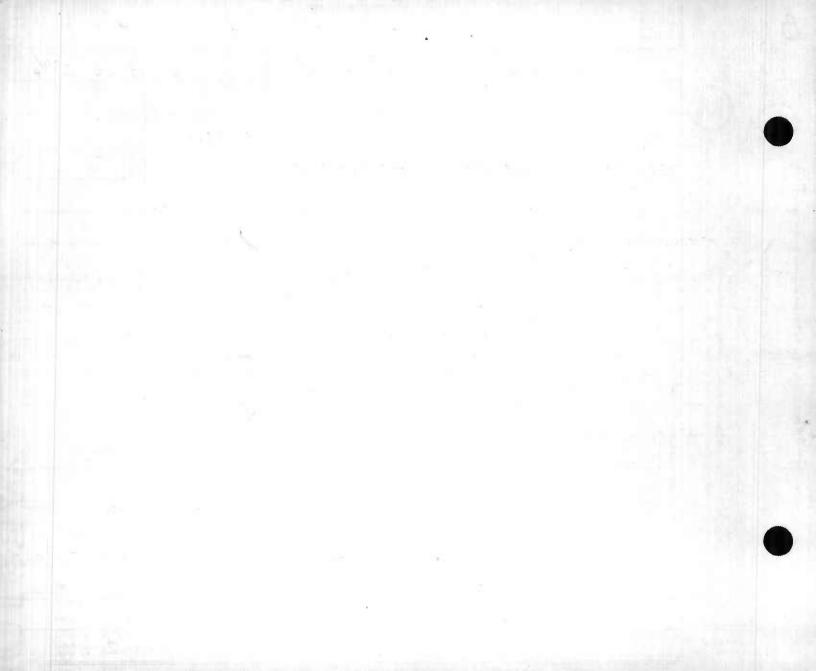
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- 1					STATE	OF MARYLAND				1 0
	1-	FOR STATE REGISTRAR		DEPART		ALTH AND MENTAL HYC CATE OF DEATH	GIENE 8	REG. NO.	6 3	1 0
poge 3 deoth		CLar-	en cl_	MIDDLE	THO	MHEN	20 DATE OF	DEATH MONTH	3 fo	420/P
2	3 SE)		4 RACE		5 DATE OF	BIRTH YEAR	AGE (IN YE	ARS EAST EMTHDAY	IF UNDER I YEA	
(MA)	Ma	ale	White		Oct.	3, 1916	63	YR	MONTHS DAYS	HOURS MIN
TANK T	7a. Bil	THPLACE (STATE OR FOREIGN	76 CITIZEN O	WHAT COUNTRY	MAPPIES	NEVER MARRIED	1 BALTIMO	RE CITY OR COU	NTY OF DEATH	
pa Q		rginia	USA		WIDOWED		Wico	mico		MI
Sorified So	10 CT	Y OR TOWN OF DEATH		HOSPITAL, NURSI		OTHER INSTITUTION		CCUPATION FOR MOST OF WORKIN	12b. KIND IG LIFE) INDUSTR	OF BUSINESS OR
\$80	Sal	isbury	Penin	sula Ger	neral	Hospital		- Pump		mpany
å P	USUA 13a S	L RESIDENCE (IF NURSING HOME TATE 136 COL	OR OTHER INSTITUTIO	N. GIVE RESIDENCE BEFOR		134 INSIDE CITY LIMITS?	13m STREET			
ES A			omico	Salisbu		YES NO		lvin Ave.		
e e	-	THER'S NAME				15 MOTHER'S MAIDEN NA				
22/	Ma	rtin	MIDDLE	Thommen		Berta		WIDDLE	Buni	AST
	16a W	AS DECEASED EVER IN U.S. A			URITY NO.	17 INFORMANT		ADDRESS	Duit	
) ledico	Ye		II	215-14-3	3576	rs. Elsie Th	ommon	(wife) sa	mo ac 1	3
9		18. CAUSE OF DEATH (Enter				# DIOIC II.	CHERT	(WIIC) BC		DXIMATE INTERVAL N ONSET AND DEATH
		PART I. DEATH WAS CAUS	SED BY.	ar line rol (d), (b), di	1. 1	ronau arr	Y		BETWEEN	N ONSET AND DEATH
		IMMEDI.	ATE CAUSE (o)_	(300	1	wereng Orr	20 11	21	/ .	
0		1357	DUE TO, O	OR AS A CONSEQU	/	11 01	201.	9X W.Q	2750	
or other troumotic		Conditions, if ony, which gave rise to immediate	(b)_	Carun	oma.	17 (010n	601/	N /7410	23/G3/15	
		cause (a), stating the underlying cause last	DUE TO,	OR AS A CONSEOU	ENCE OF	18 8	Bas	20		
		DARKA ONUES SICAUSICANI	(c)	COLUMN TO TO	DC 4 TH DUT 1	74 //00	/ Service			
nlory.	Z	PART 2 OTHER SIGNIFICANT		A/	DEATH BUT I	OT RELATED TO THE TERM	AINAL DISEASE	3	. 7	1(0)
Q	NT N	190 DATE OF OPERATION	ere Jun con	OLUMAN OF WHICH	OPERATION	WAS PERFORMED	20a AUTO	() e for	YES, WERE FIND	INGS USED
	FIC.	THE DATE OF OFERATION	170 CO141	DITION FOR WHICH	OFERATION	WASPERFORMED	15	INCE	RTIFYING CAUSE	S OF DEATH?
4	CERTIFICATION	71a. ACCIDENT WAS UNDERLYING	21h TIME	OF INJURY		21c HOW INJURY OCCUR	YES 🗌	NO	YES [ио 🗋
9		OR CONTRIBUTING CAUSE OF D		A.M. MONTH D	AY YEAR	ZICHOW INJURY OCCUR	RED (ENIERNA)	ORE OF INJURY IN ITEM	18, PART OR PART 2)	
1	Š	(IF EITHER, NOTIFY MEDICAL EXAMINE		P.M.	19					
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE.	FARM, ETC.)	21f LOCATION STREET		CITY OR TOWN	COUNTY	STATE
		AT WORK				/				
		22a certify that (I) (this has	/ /-	he deceased from.	6	1980	, to	2/30	4	, that (1) (we) los
Ten Z		saw the deceased alive a above, (1) (we) (did) (did i		y ofter death.	, onc	that in (my) (our) opinion	deoth occurre	d on the date and	hour and from th	e couses stated
	.	276 SIGNATURE	1	0) 12	/ D	EGREE			22c. DAT	E SIGNED
		- Non	of a	1. The	and the	ATTENDING PHYSICIAN	MEDICAL	STAFF PHYSICIAN	6	13/80
4		224 PHYSICIAN'S NAME (TYPE				22R ADDRESS	^		1	0 0
)		BENI	10 c	S. CH	AU	397-1	Rive	rside	Dr.	Salisha
ξ	23e B	URIAL, CREMATION, REMOVA	L 236. DATE	23c	NAME OF CE	METERY OR CREMATORY	23d. LOC A	TION		
	(5	PECIFY	6/7/00			Memorial Pa	ri Sal	ishirv. b	Vica Mary	vland

DHMH-16 20M (VRA 15, 4) 7/78

Burial 6///80 WICCHIECO
24 FUNERAL DIRECTOR
HOLLOWAY FUNERAL HOME, Salisbury, Md.

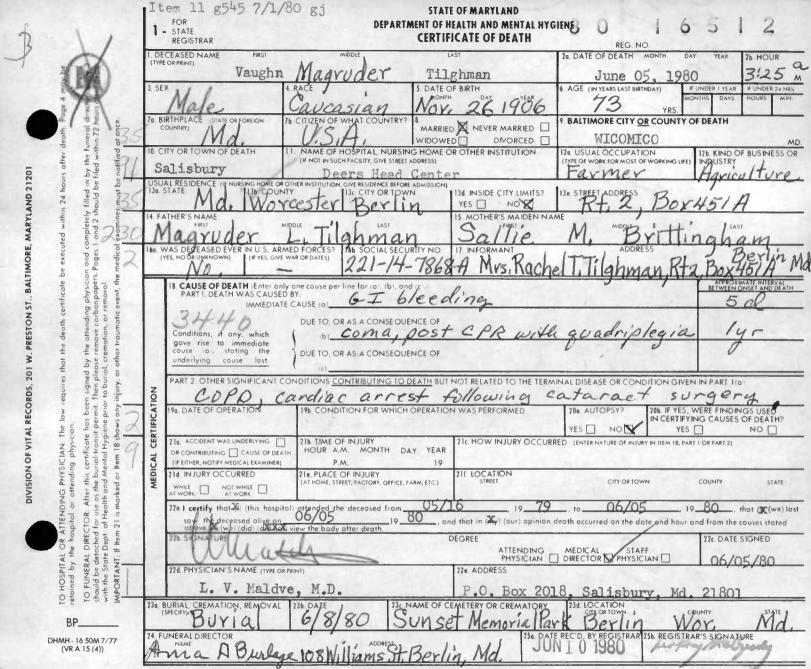
Wicomico Memorial Park Salisbury, VVLC. Fiely Land 1855 Pury, Md. 1980 1980



TO HOSPITAL CA ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 retained by the hospital or attending physician.

	1		STATI	OF MARYLAND		
		FOR 1 - STATE		EALTH AND MENTAL HYGI	ENE 8 O	6 3 1 1
	,	REGISTRAR	CERTIF	ICATE OF DEATH	REG. NO.	
1	1	1 DECEASED NAME FIRST	MIDDLE	AST	20 DATE OF DEATH MONTH	DAY YEAR 25 HOUR
24/		Sylasster.	R. Til	ghman	June 1	1980
11		3 SEX 4 RACE	S DATE C	FURTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
6		male 1	MONTH 5	DAY YEAR	70 YRS.	MONTHS DAYS HOURS MIN
177		To BIRTHPLACE ISTATE OFFOREIGN TO CITIZEN	OF WHAT COUNTRY?	154	BALTIMORE CITY OR COUNT	Y OF DEATH
	35	Maryland U	Sa WIDOWE	D DIVORCED	Wicomico	MI
125 4	00	18 CITY OR TOWN OF DEATH	OF HOSPITAL, NURSING HOME O	OR OTHER INSTITUTION	12R USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	12h KIND OF BUSINESS OR
20 1	80		insula General	Hospital	Labon	11, 11,003111
ed in be fill		USUAL RESIDENCE (# NURSING HOME OF OTHER INSTITUTION STATE)	TION, GIVE RESIDENCE BEFORE ADMISSION)	134. INSIDE CITY LIMITS?	13e STREET ADDRESS	
y fille ould t	35	md. Somers	TPr. Anne	YES NO	P. D. 13×K 3	183
S S S		14 FATHER'S NAME		15 MOTHER'S MAIDEN NAM		
comple 1 and 2	90	John Middle	Tilghiman St.	Lottie	WIDDLE	White
ü _ č		160 WAS DECEASED EVER IN U.S. ARMED FORCE	5? 166 SOCIAL SECURITY NO	17 INFORMANT	ADDRESS (2)	12 Para 383
Pages The n		(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATE	215-01-0126	Eline Tilo	Amen Br. Com	memo.
sicia ers. val.		It CAUSE OF DEATH (Enter only one couse	per lipe for (o), (b), and (c),	10 11-9	- 1 .	PETWEEN ONSET AND DEATH
phy pap emo		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to	antenua	1 nephrole	5 Hondrowel	3 JURAR
ding bon or r		E 12110	V	GV		,
ttend e car ion,		Conditions, if ony, which	O, OR AS ACONSEQUENCE OF	Apriles for	our hastretes	10 days
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s be iit. T prio		NE DATE OF OPERATION - THE CO	NDITION FOR WHICH OPERATIO	N WAS PERFORMED	NA AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED
e ha	9	THE DATE OF OPERATION THE CO	scriptings gover	anough the of	M	IFYING CAUSES OF DEATH?
rian, ificat nsit p Hygi	<u></u>	21a. ACCIDENT WAS UNDERLYING 11h TM	AL OF INJURY	21c. HOW INJURY OCCURRE	TO THE NATURE OF INJURY IN ITEM 18,	
ysic serti trar tral	9	OR COURS OF THE PROPERTY OF TH	AM MONTH DAY YEAR	1		
ng pl	1	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21a. PLA (AT NOM	CE OF INJURY	211 LOCATION		
fter he b and			E. STREET, FACTORY, OFFICE, FARM, ETC.	710001	CITY OR TOWN	COUNTY STATE
B: A atte		22s certify that (I) (this haspital) attende	d the deceased from Ma	1119 1080	10 Stares 1.	19 80 , that (I) (we) last
CTO		sow the deceased alive on	1880 01		eoth occurred on the date and ha	
REG d fo		above, (I) (we) (did) (did not) vièv he b	ody, after tleoth.	DEGREE		22c. DATE SIGNED
L D ache		18 1/20 h. t-	K. O.L. Or		MEDICAL STAFF	1110
by the ERA State		224 PHYSICIAN'S NAME (TYPE OR PRINT)	enway 11	PHYSICIAN A	DIRECTOR PHYSICIAN	10/1/80
tained b		THE PRINCIPLE (THE OFFICE)	C 1h.	THE ADDRESS	1 2	1 02011
TO FI		GITTETHEN	Jembly	ad/is1	DUT 4, THE	,21801
		236 BURIAL, CREMATION, REMOVAL 236. DAT		EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
BP		Burial 6-	7-80 John	140 210 0	Tro Anne	5 md
DHMH-16 25		74 FUNERAL DIRECTOR	ADDRESS ,	A 250. PATE	REC'D. BY REGISTRAR 256. REGIS	TRAR'S SIGNATURE
(VRA 15, 4) 1.	/79	Wm H. James IL 258	hurch St. Tril	thre Md Jul	N 5 1980 1	2

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MINISTER SERVICES				ve
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STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO. 20 DATE OF DEATH MONTH 05) 4 6/8 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS BALTIMORE CITY OR COUNTY OF DEATH Wicomico 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Agriculture Dir. Farming 1505 Woodland Road Morrison ADDRESS (wife) same as

COUNTY

STATE

NO I

APPROXIMATE INTERVAL

224 DATE SIGNED

YES [

STATE COUNTY Hark, Salisbury, Wic. Md

DHMH-16 25M (VRA 15, 4) 1/79 FOR

REGISTRAR

- STATE

OLLOWAY FUNERAL HOME, Salisbury, Md.

24 FUNERAL DIRECTOR

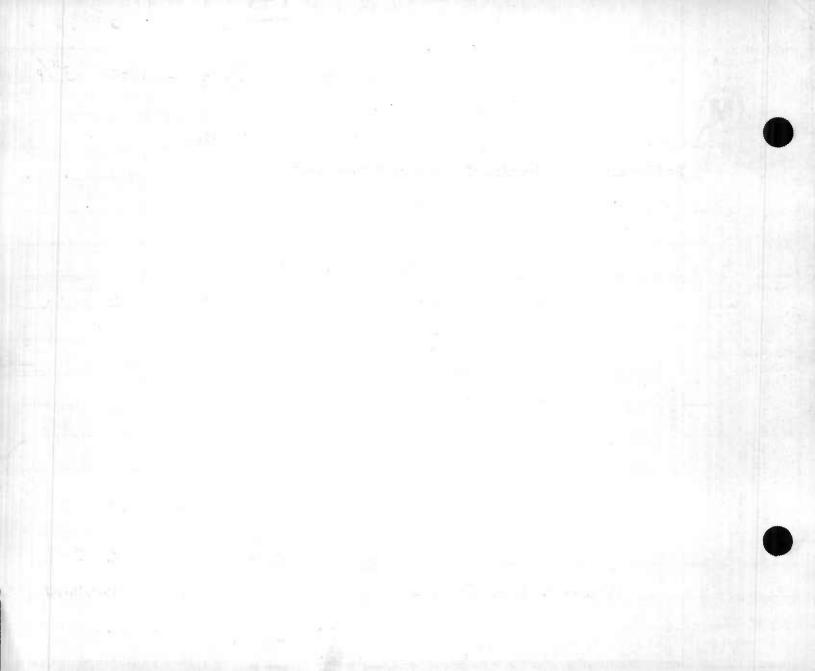
BY REGISTRAR 25h. REQUSTRAR'S SIGNATURE

2000 JANE JONE - 1940 JUAM software contact a condetical MEN THALLE.

FOR

	1 -	FOR STATE REGISTRAR			DEPARTA		HEALTH AND MENTAL HYG FICATE OF DEATH	REG. N	10.	1 0 3	
-1		CEASED NAME	FIRST		MIDDLE	ı	LAST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	1	Su	ısie	Ma	е	W	allace.	June	2	1980	319
	3. SE)	X	4	4 RACE		5 DATE C		& AGE IN YEARS LAST BIR	THDAY)	F UNDER 1 YEAR	IF UNDER 24
	F	emale		Whit	е	NOV.		87	YRS	MONTHS DAYS	HOURS
		RTHPLACE (STATE OR I	FOREIGN 7	L CITIZEN OF	WHAT COUNTRY?	8 AAADDIE	D NEVER MARRIED	BALTIMORE CITY			
3.4	Ma	ryland		USA		WIDOWE	3.7	Wicomico			
0	10. CI	TY OR TOWN OF DE	ATH 1		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O	ION SE WORKING	12h. KIND (F BUSINES
		lisbury		Penins	sula Gen	eral	Hospital	Cleaner	S	hirt M	Eg. C
	13a S	AL RESIDENCE (# NUM STATE LYLAND	136 COUNT	OTHER INSTITUTION TY OMICO	GME RESIDENCE REFORM 136. CITY OR TOW Salisby	N	134 INSIDE CITY LIMITS?	134 STREET ADDRESS 405 Wash	ning	ton St.	,
		THER'S NAME		NODLE			15. MOTHER'S MAIDEN NA				
20		William		NODLE	Lewis		Talitha	WIDDLE		Shriev	
	Ión W	VAS DECEASED EVER		AED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT (daug	hter) ADDR	ESS		
	No)	IN TES, ONE	WAR OR DATES	214-10	-9058	Mrs. Haze			Same as	13
	Onto	18 CAUSE OF DEATH V			r line for toi, thisand	d ici.i				BETWEEN CLAL	ONSET AND DE
		4120	MMEDIATE	E CAUSE (0)	R AS A CONSEQUE		, ,				
		/ (/ 6.)								U	
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STATE OF MARYLAND

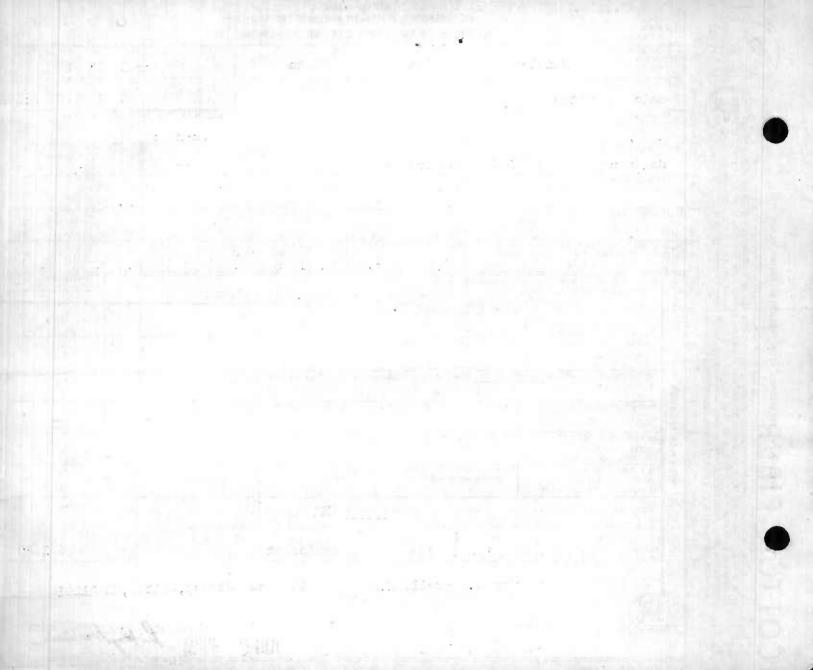


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	1	FOR - STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 0	651/
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
be 3 ath	(TYP	MELVIN	d.	WEST	JUNE .	25, 1980 75
may may	3 SE		4 RACE	5 DATE OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 H
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2 2/		IRTHPLACE (STATE OR FOREIGN COUNTRY)	TE CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	
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arb arb n, o		4414	DUE TO, OR AS A CONSEQU	KNCE OF A	- 1 -00 -	1 00
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			putal) attended the deceased from,	harring of hem the	10 11. 25	19 80 that (1) (We)
ATTER Dital or ECTOR for use of Hea		saw the deceased alive D			death occurred on the date and he	1
hospital or a hospital or a DIRECTOR: hed for use a Dept. of Heal		obove, (1) (we) (did) (did-a	et) view the body after death.		The same single	
Dep Dep L		226. SIGNATURE	211	DEGREE	MEDICAL STAFF	224 DATE SIGNED
by the bedetach edetach state D		micrail V.	mekuman	PHYSICIAN	DIRECTOR PHYSICIAN	6/205/8
d by	/	224. PHYSICIAN'S NAME (TYPE		22e ADDRESS MEG	ical CENTER	RWEST
O HOSPIT tained by t O FUNER A ould be de		Michael P.	Buchness	Sul 1833		1801
To To Should	23-	RUDIAL CREMATION PERSONA		NAME OF CEMETERY OR CREMATORY	1236. LOCATION	
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DHMH-16 25M	24 F	UNERAL DIRECTOR	ADDRESS 4	ederalsburg 230.DA	TEREC'D. BY REGISTRAR 256 REGIS	MARSSIGNATURE
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PREST NAMEDIE LAST PREST NAMEDIE LAST PREST NAMEDIE LAST D. A. CORNELIUS Ruth Barefield 186. WAS DECEASED EVER IN U.S. ARMED FORCES? 186. SOCIAL SECURITY NO. 17. INFORMANT (husband) ADDRESS 186. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Non-Specific Myocardial Fibrosis 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Non-Specific Myocardial Fibrosis 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Non-Specific Myocardial Fibrosis 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Non-Specific Myocardial Fibrosis 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Non-Specific Myocardial Fibrosis 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) 19. DATE OF OPERATION 19. DATE OF OREAS A CONSEQUENCE OF (c) 19. DATE OF OPERATION 19. DATE OF OPERATION 19. DATE OF OPERATION 19. DATE OF OPERATION 19. DATE OF INJURY (AT HOME.) 210. AUTOPSY? YES DAX 210. EXTERNAL CAUSE WAS UNDERLY IN ITEM 18 PART I OR PART 2) 110. INJURY OCCURRED OR OF INJURY (AT HOME.) 210. AUTOPSY? YES DAX 110. INJURY OCCURRED OR OF INJURY (AT HOME.) 211. INFORMANT (AND INJURY OCCURRED OR INJURY (AT HOME.) 212. I Certify that I Taok charge at the remains described above, held an Autopsy DAX Inspection (ADDITION of Inspection (ADDITION OF INJURY OCCURRED OR INJURY (ADDITION OF INJURY (ADDI	130	. sta Ma	rylan	136. COUN	4TY	13c. CIT	Y OR TOWN		YES	NO [31	1 Pr		Ave.			
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UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 19	NC		gave rise cause (a) : lying caus	e ta immediate stating the <u>under</u> e last.	(c)_				OR CONDITIO	N GIVEN IN P	ART 1 (α),						
UNDERLYING OR CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT HOME. STREET, FACTORY, FARM, ETC.) 22d. I certify that I taak charge of the remains described above, held an death resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner ASSISTANT ACTUAL SYMMINER'S NAME DATE SYMMINER'S NAME ACTUAL SYMMINER'S NAME DATE SIGNED ACTUAL SYMMINER'S NAME	TIBICATIC	ILLAN	19a. DATE OF	OPERATION	19b. CC	ONDITION FOR	WHICH OPE	RATION W	AS PERFOR	MED?							40 🗆
AT WORK 22e. I certify that I taak charge of the remains described above, held an Autopsy XX Inspection I, Inquiry I, and in my apinion death resulted fram: Natural causes X, Accident I, Suicide I, Hamicide I, Undetermined manner I, ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER SIGNED DATE SIGNED			INDERLYING	OR	HOU	R A.M. MONTH		21c. HC	W INJURY	OCCURR	ED (ENTER	NATURE OF INJ	JRY IN ITEM	18 PART 1 OR PA	ART 2)		
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[TYPE OF PRINT)] Burial Margarita A. Korell, M.D. Address 111 Penn Street, Balto, MD 21201 Margarita A. Korell, M.D. Address 111 Penn Street, Balto, MD 21201 Margarita A. Korell, M.D. Address 111 Penn Street, Balto, MD 21201 Margarita A. Korell, M.D. Address 111 Penn Street, Balto, MD 21201 Margarita A. Korell, M.D. Address 111 Penn Street, Balto, MD 21201 Margarita A. Korell, M.D. Address 111 Penn Street, Balto, MD 21201 Margarita A. Korell, M.D. Address 111 Penn Street, Balto, MD 21201 Margarita A. Korell, M.D. Address 111 Penn Street, Balto, MD 21201 Margarita A. Korell, M.D. Address 111 Penn Street, Balto, MD 21201 Margarita A. Korell, M.D. Address 111 Penn Street, Balto, MD 21201 Margarita A. Korell, M.D. Address 111 Penn Street, Balto, MD 21201 Margarita A. Korell, M.D. Address 111 Penn Street, Balto, MD 21201 Margarita A. Korell, M.D. Address 111 Penn Street, Balto, MD 21201 Margarita A. Korell, M.D. Address 111 Penn Street, Balto, MD 21201 Margarita A. Korell, M.D. Address 111 Penn Street, Balto, MD 21201 Margarita A. Korell, M.D. Address 111 Penn Street, Balto, MD 21201 Margarita A. Korell, M.D. Address 111 Penn Street, Balto, MD 21201 Margarita A. Korell, M.D. Address 111 Penn Street, Balto, MD 21201 Margarita A. Korell, M.D. Address 111 Penn Street, Balto, MD 21201 Margarita A. Korell, M.D. Address 111 Penn Street, Balto, MD 21201 Margarita A. Korell, M.D. Address 111 Penn Street, Balto, MD 21201 Margarita A. Korell, M.D. Address 111 Penn Street, Balto, MD 21201 Margarita A. Korell, M.D. Address 111 Penn Street, Balto, MD 21201 Margarita A. Korell, M.D. Address 111 Penn Street, Balto, MD 21201 Margarita A. Korell, M.D. Address 111 Penn Street, Balto, MD 21201 Margarita A. Korell, M.D. Address 111 Penn Street, Balto, MD 21201 Margarita A. Korell, M.D. Address 111 Penn Street, Balto, MD 21201 Margarita A. Korell, M.D. Address 111 Penn Street, Balto, MD 21201 Margarita A. Korell, M.D. Address 111 Penn Street, Balto, MD 21201 Margarita A. Korell, M.D. Address 111 Penn Stree	230	o. BUF	RIAL, CREMAT	ION,REMOVAL	23b. DATE	23с.	NAME OF CE	METERY O	CREMATO	ORY	23d. LC	OR TOWN				STATE	= .~ <u>-</u>



	FOR STATE REGISTRAR		DEPARTMENT OF H	E OF MARYLAND EALTH AND MENT ICATE OF DEAT		REG. NO.	5 1 9
	(TYPE OR PRINT)	FIRST MIDDLE		AST	20. DATE OF		4Y YEAR 26. HOUR 5:05
		Shearrow	W	ILSON	June	11, 1980	2 105
	3 SEX Male	Cau.	5 DATE (6. AGE (IN YE	The state of the s	FUNDER I YEAR # UNDER 24 H
9 Topice	76. BIRTHPLACE (STATE OR FOREM COUNTRY) Tennessee	76 CITIZEN OF WHAT	MARRIE	D NEVER MARRIED MORCE	ED LI	Vicomico	OF DEATH
notified	Salisbury		AL, NURSING HOME C TY GIVESTREET ADDRESS! ead Center	R OTHER INSTITUTION	(TYPE OF WORK	OCCUPATION FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OF INDUSTRY None
J. Caron pe	13a STATE LIS	HOME OR OTHER INSTITUTION, GIVE RE-	SIDENCE BEFORE ADMISSION) ITY OR TOWN TYDEL	13d. INSIDE CITY LIA	AITS? 13e. STREET A		
50 Somine	14 FATHER'S NAME FIRST	nknown	LAST	15. MOTHER'S MAIL FIRST		MIDDLE	LAST
medicol 2	160 WAS DECEASED EVER IN (YES, NO OR UNKNOWN) (IF	EVES GIVE WAR OR DATES!	OCIAL SECURITY NO. 2-62-6309	17 INFORMANT Pauline	Melvin	Marydel	, Md.
nt, the	18 CAUSE OF DEATH (B PART I. DEATH WAS	Enter anly ane cause per line fa		1	ad		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT

underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOM YES | NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION STREET CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from that (1) (we) last saw the deceased olive an and that in (my) (our) opinion death occurred an the date and hour and fram the causes stated above, (1) (we) (did) (did nat) view the body ofter death DEGREE 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MEDICAL STAFF PHYSICIAN [DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Deer's Head Center, Salisbury, Md. 21801 E.P. Ritchings, M.D. 23a. BURIAL, CREMATION, REMOVAL (SPECIFY) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE 6-12-80 Cedar Hill Crematory Washington, D.C. Cremation REC'DUSY REGISTRAR 25% REGISTRAR'S SIGNATUR 24 FUNERAL DIRECTOR NAMI

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STATE OF MARYLAND

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